A LIST OF ALL APPENDICES BY NUMBER MAY BE FOUND AT THE END OF THIS DOCUMENT.

APPENDIX A-1

Footnote 5

SMHP Template CMS Crosswalk

MaineCare used guidance provided by CMS in the CMS SMHP template distributed to State Medicaid Agencies in spring 2010.

Question Number	CMS Guidance	"As-Is" Landscape Section
1.	What is the current extent of EHR adoption by practitioners and by hospitals? How recent is this data? Does it provide specificity about the types of EHRs in use by the State's providers? Is it specific to just Medicaid or an assessment of overall statewide use of EHRs? Does the SMA have data or estimates on eligible providers broken out by types of providers? Does the SMA have data on EHR adoption by types of provider (e.g. children's hospitals, acute care hospitals, pediatricians, nurse practitioners, etc.)?	Section A, Part 5.
2.	To what extent does broadband internet access pose a challenge to HIT/E in the State's rural areas? Did the State receive any broadband grants?	Section A, Part 6o
3.	Does the State have Federally Qualified Health Center networks that have received or are receiving HIT/EHR funding from the Health Resources Services Administration (HRSA)? Please describe.	Section A, Part 6
4.	Does the State have Veterans Administration or Indian Health Service clinical facilities that are operating EHRs? Please describe.	Section A, Part 6
5.	What stakeholders are engaged in any existing HIT/E activities and how would the extent of their involvement be characterized?	Sections A and B.

APPENDIX A-1

Question Number	CMS Guidance	"As-Is" Landscape Section
6.	Does the SMA have HIT/E relationships with other entities? If so, what is the nature (governance, fiscal, geographic scope, etc) of these activities? *CMS indicated that this question may be deferred.*	Section A, parts 1, 6 and 7, Section B
7.	Specifically, if there are health information exchange organizations in the State, what is their governance structure and is the SMA involved? How extensive is their geographic reach and scope of participation? *CMS indicated that the first part of this question may be deferred but States do need to include a description of their HIE geographic reach and current level of participation.*	Section A, Part 7
8.	Please describe the role of the MMIS in the SMA's current HIT/E environment. Has the State coordinated their HIT Plan with their MITA transition plans and if so, briefly describe how.	Section A, Part 3, Section C, Parts 1 and 2
9.	What State activities are currently underway or in the planning phase to facilitate HIE and EHR adoption? What role does the SMA play? Who else is currently involved? For example, how are the regional extension centers (RECs) assisting Medicaid eligible providers to implement EHR systems and achieve Meaningful Use?	Section A, Part 7, Section C, part 5
10.	Explain the SMA's relationship to the State HIT Coordinator and how the activities planned under the ONC-funded HIE cooperative agreement and the Regional Extension Centers (and Local Extension Centers, if applicable) would help support the administration of the EHR Incentive Program.	Section A, part 1
11.	What other activities does the SMA currently have underway that will likely influence the direction of the EHR Incentive Program over the next five years?	Section A, Parts 6, 7, and 8

Question Number	CMS Guidance	• "As-Is" Landscape Section
12.	Have there been any recent changes (of a significant degree) to State laws or regulations that might affect the implementation of the EHR Incentive Program? Please describe.	Section A, Part 8
13.	Are there any HIT/E activities that cross State borders? Is there significant crossing of State lines for accessing health care services by Medicaid beneficiaries? Please describe.	Section A, part 6a, Section A, Part 7
14.	What is the current interoperability status of the State Immunization registry and the Public Health Surveillance reporting database(s)?	Section A, Part C4
15.	If the State was awarded an HIT-related grant, such as a Transformation Grant or a CHIPRA HIT grant, please include a brief description.	Section A, part 6a

Footnote: 7

Health Information Technology Executive Steering Committee (HITSC)

Health Information Technology Steering Committee (HITSC)	
James Leonard, State HIT Coordinator, Chair	David Winslow, Vice President, Finance, Maine Hospital Association
Devore Culver, Chief Executive Officer, HealthInfoNet	Kevin Lewis, Chief Executive Director, Maine Primary Care Association
Karynlee Harrington, Executive Director, Dirigo Health Agency	Lisa Letourneau, M.D., MPH, Executive Director, Quality Counts
Alan Prysunka, Executive Director, Maine Health Data Organization	John Edwards, Ph.D., Psychologist and IT Projects Manager, Aroostook Mental Health Center
Tony Marple, Director, MaineCare	Nancy Kelleher, State Director, AARP
Steven Sears, M.D., State Epidemiologist, Maine CDC	Katherine Pelletreau, Executive Director, Maine Association of Health Plans
Jim Lopatosky, Associate CIO-Applications, OIT	David Tassoni, Senior Vice President of Operations, athenahealth, Inc.
Melanie Arsenault, Director, Bureau of Employment Services, Maine Department of Labor	Catherine Bruno, FACHE, Vice President and Chief Information Office, Easter Maine Health care Systems
Barry Blumenfeld, M.D., Chief Information Officer Maine Health	Tom Hopkins University of Maine System
Paul Klainer, M.D. Internist and Medical Director, Knox County Health Clinic	Dr. Barbara Woodlee, President, Kennebec Valley Community College
Sandy Putnam, RN, MSN, FNP, Nursing Coordinator, Virology Treatment Center, Maine Medical Center	Perry Ciszewski, an individual representing the State's racial and ethnic minority communities

Health Information Technology Steering Committee (HITSC)	
Julie Shackley, President/CEO, Androscoggin Home Care and Hospice	Philip Saucier, Esquire, an individual with expertise in health law or health policy

APPENDIX A-3

Footnote: 8

HEALTHINFONET

HIN is a public/private partnership engaging a variety of stakeholders including health care providers, health plans, consumers, employers, State government, public health and HIT vendors. HealthInfoNet (HIN) is a key collaborator in statewide HIE and HIT efforts. Since 2005, the State of Maine has been developing electronic health information exchange capacity. These efforts have resulted in the formation of HIN, a 501c (3) corporation that has been designated as the statewide HIE organization. HIN is a private / public partnership with nineteen board members, three of which represent State government. In 2008, HIN began a Statewide demonstration project sharing an extensive clinical dataset from multiple sources. HIN will continue the close collaboration between the vendor and participating providers that was started during the Demonstration Phase. This collaborative process continues to create a strong sense of ownership and commitment in HIE participants, and will be leveraged by HIN and the State HIT Coordinator to develop a private/public sustainability model for statewide HIE.HealthInfoNet (HIN) is governed by a Board of Directors with an Executive Committee, and standing committees that support the HIN activities.

HealthInfoNet (HIN) is the designated Health Information Exchange (HIE) entity for the state of Maine. HIN is an independent, nonprofit 501c(3) organization whose mission is to create an integrated statewide clinical data sharing infrastructure that will provide a secure data sharing network for public and private health care stakeholders in Maine.

HealthInfoNet Board Composition

Committee	Committee Responsibilities
State Government	Maine DHHS, Commissioner
	Maine DHHS, Director of MaineCare
	Governor's Office of Health Policy and Finance, Director
	Office of the State Coordinator, State HIT Coordinator
Health Care Providers	Small Rural Hospital, President/CEO
	Southern Maine Integrated Delivery Network, CIO
	Rehab/Home Health, President
	Northern Maine Integrated Delivery Network, Executive Vice President
	Family Medical Clinic, President and CMO

Committee	Committee Responsibilities
	Western Maine Integrated Delivery Network, CMO
	Practicing Physician
Health Plans	Cigna Health care, Market Service Leader
Patient/ Consumer Organizations	National Alliance for the Mentally Ill, Executive Director
	State Senator
Health care Purchasers/Employers	Private Research Laboratory, COO
	Former State Senator/Businessman
	Large Northern Business, Retired Director
Public Health Agencies	Maine Center for Disease Control and Prevention, Director
	Private/Public Health Consultant
Health Professional Schools/Universities	Not represented at this time
Clinical Researchers	Not represented at this time
Other Users of HIT	IT Venture Investment Company, Director
HIT Vendors	Represented through contractual relationships

The HIN Board provides a knowledgeable group of individuals with HIE expertise to build upon the ongoing HIE experience and efforts of HIN.

HIN Standing Committee Composition and Responsibilities

- **HIN Finance Committee**

This committee is comprised of members with experience and expertise in financial matters, chaired by the HIN Treasurer and with the HIN Chief Executive Officer (CEO) as an ex-officio member. This Committee is responsible for developing the HIN's financial policies, assisting the CEO in developing annual budgets and reviewing HIN's financial statements and for other related duties as may be prescribed by the Board from time to time. This Committee will continue to serve as a HIN standing committee but members of the committee will also serve on the OSC Financial Accountability and Sustainability Planning Committee. It is planned that the new committee will address the budget requirements for the statewide HIE, develop a sustainability plan for long term financing, and coordinate the funding of the HIE with monies awarded to other ARRA programs.

- **Consumer Advisory Committee**

The membership of the HIN Consumer Advisory Committee is comprised of citizens, consumer advocates, consumer organizations, legal experts, health educators, privacy officers, public health professionals, and interested parties with experience and expertise in consumer participation and privacy protection in health information technology systems. The Committee is chaired by a member of the HIN Board. The Committee has been responsible for reviewing and advising on all policies and procedures related to the confidentiality of the HIN clinical data and the privacy protection for patients. The Committee has addressed HIPAA, State law requirements as well as other Federal and State guidelines and initiatives, and public health data laws. This committee has been instrumental in the development of the opt-out provision for patient participation in HIN. Today, a number of key consumer advocacy organizations represent the interests of their respective constituencies on the HIN Consumer Advisory Committee. These organizations include the Family Planning Association of Maine, Legal Services for the Elderly, Maine Center for Public Health, the Maine Civil Liberties Union, Maine Disability Rights Center, the Maine Health Management Coalition, the Maine Network for Health, the National Alliance for the Mentally Ill and the and the University of New England Health Literacy Center. The OSC and the HITSC identified the need for a Privacy, Security, and Regulatory Oversight Committee that would be responsible for addressing the legal and regulatory issues for the statewide HIE, support the harmonization of state and Federal law, draft legislative recommendations as needed and where appropriate develop/recommend regulatory roles for OSC and the Governor's Office in regard to the sustainable business functions to support HIE statewide. The Consumer Committee is a shared function of both OSC and HIN with a focus on advising both the policy and operational areas and working closely with the Privacy, Security, and Regulatory Committee.

- **Technical and Professional Practice Advisory Committee (TPPAC)**

The membership of this committee is comprised of Chief Information Officers (CIO), Chief Medical Directors, IT experts, and practicing clinicians. All members have experience and expertise in the implementation and use of health information technology, clinical data sets, and/or public health information systems. Committee members also represent providers and clinical practices with varying degrees of electronic medical record system use including non-users. This Committee serves as the technical advisory body to the HIN Board and works closely with the HIN staff to manage the statewide HIE deployment. It is expected that this committee will remain as a standing committee of the HIN with a working relationship with the OSC Technical Architecture Committee focusing on Public Information Technology interoperability with HIN.

- **HIE Initiatives**

HealthInfoNet (HIN), acting as the designated statewide HIE organization, has completed a 24-month Statewide demonstration project to facilitate sharing extensive clinical datasets among select Maine providers and hospitals. The data elements being shared include prescription data, laboratory data, dictated and transcribed reports,

problem lists, and allergy lists. The demonstration project ended in June 2010 and HIN is now focused on engaging all health care providers in the exchange by 2015.

APPENDIX A-4

Footnote: 9

MITA Vision, Goals, and Objectives	Alignment with HIT
Design and implement new systems	
Improve quality and efficiency of Health Care Delivery	✓
Improve member and population health	✓
Environment- flexibility, adaptability, rapid response to program/technology changes	
Enterprise view- technologies aligned with Medicaid business processes/technologies	
Coordinate with public health and other partners to integrate health outcomes	✓
Establish systems that are interoperable with common standards	✓
Timely, accurate, usable, and accessible data	✓
Use of performance measures	✓
Adopt data and industry standards	✓
Promote reusable components	
Efficient and effective data sharing	✓
Provide member focus	✓
Support interoperability, integration, and open architecture	✓
Promote good practices (e.g. Capability Maturity Model)	
Business-driven enterprise architecture	
Commonalities and differences co-exist	
Standards first	

Footnote: 11

Table summarizing the MITA Business Assessment including the MITA Business Area, the capability maturity model level, and high level findings:

MITA Business Area	Level	High-level findings
Member Management	2	• Applications are initiated via a paper process • Data Hub exchanges eligibility data from disparate systems and MIHMS • MIHMS maintains comprehensive member information for multiple programs
Provider Management	3	• Provider enrollment is consistent across Medicaid enterprise • National Provider ID and other HIPAA data standards are used • Verifications of licenses, certifications, etc. are performed on-line
Contractor Management	2	• AdvantageME is used to manage and store vendor information • AdvantageME provides self-service (payment status) to vendors • DHHS Allocation database contains RFP and contract data
Operations Management	2	• Claims processing functionality is rule-based and highly automated • QNXT functionality creates capitation payments, premium assistance payments, and Electronic Funds Transferred (EFT) transactions based on established parameters • HIPAA standard transactions are used throughout operational processes

MITA Business Area	Level	High-level findings
Program Management	3	• Comprehensive suite of tools supports efficient and effective management and monitoring of financial transactions (FFP, accounts receivable & payable) • Development and maintenance of benefit packages is facilitated by table driven structure • Pre-defined and customizable reports address management needs
Care Management	2	• Manual and automated processes are used to establish and monitor compliance • Candidates are determined based on needs and received services
Program Integrity Management	2	• State-of-the art utilization review system monitors providers and members • MITA data and interface standards are used
Business Relationship Management	3	• Standard agreements are used to establish the relationship • Business rules are consistently maintained and enforced • Security is maintained in conformance with HIPAA

Footnote: 12

EHR INCENTIVE PROGRAM – ADMINISTRATION AND OVERSIGHT AREAS DEFINITIONS AND REQUIREMENTS

EHR Incentive Program administration and oversight areas	Definition and Requirements
Verifying Eligibility	The process should ensure that each Eligible Professional (EP) and Eligible Hospital (EH) meets all provider enrollment eligibility criteria upon enrollment and re-enrollment to the Medicaid EHR incentive payment program. These criteria include meeting the patient volume threshold and being a non-hospital based EP.
Program Registration	The process should allow EPs and eligible hospitals to sign up for the Medicaid EHR Incentive Program and verify that the EP or EH has not registered for the Medicaid EHR Incentive Program in any other state.
Tracking Attestations	The process should verify that all provider information including eligibility, NPI, TIN, Meaningful Use, and efforts to adopt, implement, or upgrade are all true and accurate.
Payment Process	The process should ensure that there is no duplication of Medicare and Medicaid incentive payments to EPs. The process must also ensure that EHR incentive payments are made for no more than 6 years and that no EP or EH begins receiving payments after 2016. Additionally the process should verify that all hospital calculations and incentives are paid correctly.
Audit Process	The process should verify incentive payments, provider eligibility determinations, and the demonstration of efforts to adopt, implement, or upgrade EHR technology, and Meaningful Use eligibility related to the EHR Incentive Payment Program.
Reporting Requirements	The process should fulfill all reporting needs as required by CMS and the State.

EHR Incentive Program administration and oversight areas	Definition and Requirements
Tracking Expenditures	The process should verify that no amounts higher than 100 percent of FFP will be claimed for reimbursement of expenditures for State payments to Medicaid EPs for the EHR Incentive Payment Program, and that no amounts higher than 90 percent of FFP will be claimed for administrative expenses in administering the certified EHR Incentive Payment Program.
Appeals Process	The process should allow for a provider to appeal based on the criteria in the Final Rule regarding eligibility, Meaningful Use, and payment.
Provider Questions	The process should facilitate the receipt and timely response to questions from EPs and EHs.
Provider Communications	The process should facilitate communication between EPs and EHs and the Medicaid agency.

APPENDIX A-7

Footnote: 13

Comprehensive List of Technology Assets mapped to EHR Incentive Program Administration and Oversight Areas

EHR Incentive Program Administration and Oversight Areas										
Asset	Verifying Eligibility	Program Registration	Tracking Attestations	Payment Process	Audit Process	Reporting Requirements	Tracking Expenditures	Appeals Process	Provider Questions	Provider Communications
MIHMS	X	X	X	X	X	X	X	X	X	X
Provider Portal	X	X						X	X	X
Prior Authorization										
Third Party Liability										
Care Management			X							
PRIMS										
MEPOPS			X							
DW/DSS	X		X			X				
J-SURS					X					
Contact Manager		X							X	X
DataHub										
ACES										
EIS										
MACWIS										
MAPSIS										
MECARE										
Provider Management System (PMS)										
AdvantageME				X						
Case Mix Quality Assuarance Application										
Minimum Data Set v 2.0 (MDS 2.0)										
Outcome Assessment Information Set (OASIS)										
All-Payer Claims Database	X									
UHDDS										
IPHIS			X							
IMMPACT 2			X							
ABLES										
ALICE										
BioNumerics										
Blood Lead Master Database										
CAREWARE										
Childlink										
CSHN										
COCASA										
Daycare Database										
EARS										
EBC										
EDRS										
EPHTN										
HIV DBMS										
Induced Abortion (IA)										
MBCHP										
Maine Cancer Registry (MCR)										
OHP Sealant										
PHN Referent Survey										
CareFacts										
STARLIMS										
STD MIS										
VACMAN										
ASPEN		X								
CNA Registry										
PHN Database										
DSAT										
DTxC										
LOC Database										
MYDAUS										
MEDITECH			X							
NEDSS										
Substantiation										
TDS										
Organ Donation										

APPENDIX A-7

HIE Related Services

Asset	Diagnostic Results Reporting	Laboratory Results	Consultations / Transfers of Care	Eligibility & Claims Exchange	Medication Management (ePrescribing)	Care Coordination	Community Resource Management	Quality Reporting	Public Health	Consumer Empowerment / Access	Research	Provider	Patient Identifier	Record Locator	Audit Trail	Cross-Enterprise User Authentication	Integration Engine (Data Transformation	Patient Consent Management	Clinical Portal	PHI De-identification	Terminology Service	Clinical Decision Support	Advance Directives Management
MIHMS				X								X		X						X			
Provider Portal				X								X											
Prior Authorization																							
Third Party Liability				X																			
Care Management						X													X			X	
PRIMS					X			X											X				
MEPOPS				X	X									X									
DW/DSS								X	X		X			X								X	
J-SURS																							
Contact Manager																							
DataHub				X										X									
ACES				X										X									
EIS				X										X									
MACWIS				X										X									
MAPSIS				X										X									
MECARE				X										X									
Provider Management System (PMS)												X											
AdvantageME																							
Case Mix Quality Assurance Application				X				X															
Minimum Data Set v 2.0 (MDS 2.0)	X							X					X	X						X		X	
Outcome Assessment Information Set (OASIS)	X							X					X	X						X		X	
All-Payer Claims Database				X		X		X				X	X	X	X					X			
UHDDS				X		X		X				X		X	X					X			
IPHIS		X						X	X		X									X			
IMMPACT 2	X							X	X		X	X		X					X	X		X	
ABLES	X	X							X		X									X			
ALICE	X	X							X		X									X			
BioNumerics		X							X		X												
Blood Lead Master Database	X	X							X		X									X			
CAREWARE	X	X						X	X				X							X			
Childlink	X	X						X			X									X			
CSHN			X			X																	
COCASA	X	X							X											X			
Daycare Database	X	X							X		X									X			
EARS						X			X														
EBC									X		X												
EDRS	X	X							X											X			
EPHTN									X		X									X			
HIV DBMS					X				X		X												
Induced Abortion (IA)									X											X			
MBCHP				X				X				X											
Maine Cancer Registry (MCR)								X	X		X												
OHP Sealant				X				X															
PHN Referent Survey								X	X		X												
CareFacts								X	X		X											X	
STARLIMS									X		X												
STD MIS								X	X														
VACMAN								X	X														
ASPEN												X											
CNA Registry												X											
PHN Database												X											
DSAT						X		X															
DTxC						X																	
LOC Database				X		X																	
MYDAUS									X		X												
MEDITECH						X		X															
NEDSS									X														
Substantiation						X																	
TDS						X		X			X	X								X			
Organ Donation						X																	

APPENDIX A-7

HIE RELATED SERVICE DEFINITIONS

HIE –Related Service	Definition
Diagnostic Results Reporting	A mechanism for facilitating the delivery of patient diagnostic results (e.g., radiology and pathology reports) for use in clinical care
Laboratory Results	A mechanism for facilitating the delivery of patient lab results for use in clinical care
Consultations / Transfers of Care	The mechanism(s) enabling information flows between requesting and consulting clinicians, often used during transfers of care occurring when a patient is discharged and transferred from one health setting to another
Eligibility & Claims Exchange	A mechanism to allow providers to electronically check patient eligibility status, submit and process claims transactions, and view claims history
Medication Management	A mechanism for maintaining and exchanging medication history, medication formularies, and prescription information (e.g. ePrescribing)
Care Coordination	Mechanisms that enable clinical summary exchange (e.g. referrals/discharges, disease management) across provider settings for individual patients
Community Resource Management	A mechanism for facilitating real time resource utilization and availability
Quality Reporting	Process and mechanism to measure, aggregate, and report on hospital and clinician quality and use of quality measures to support clinical decision-making, accountability, and transparency
Public Health	A set of services that fulfill various state and Federal public health and chronic disease management practice requirements – such as biosurveillance, predictive modeling, health risk assessment, and case management – by leveraging and aggregating data available through an HIE entity
Consumer Empowerment/Access	A mechanism enabling consumers access to their health information through a personal health record or patient portal

HIE –Related Service	Definition
Research	A mechanism that provides authorized individuals the ability to query either a centralized repository or multiple data sources to produce a de-identified report for an approved research project
Provider	A set of services that enhance a provider's ability to deliver care, move between delivery settings, and comply with regulatory requirements (e.g., regulatory reporting, secure provider messaging, credentialing)
Patient Identifier	A methodology and related services used to uniquely identify an individual person as distinct from other individuals and connect his or her clinical information across multiple providers using an Enterprise Master Patient Index (EMPI)
Record Locator	A mechanism for identifying and matching multiple patient records together from different data sources
Audit Trail	Tracks when, where, and what data was accessed and who accessed the data through an HIE entity
Cross-Enterprise User Authentication	A mechanism for identifying and authenticating clinical system users to validate their right to access clinical information based upon privacy rules, patient consent, and individual user and organizational roles
Integration Engine (Data Transformation)	A mechanism for facilitating the intake of data in multiple formats in real time through the use of an integration engine, which transforms the data into a useable format
Patient Consent Management	A process for defining levels of patient consent and for tracking those consents and authorizations to share personal health information through an HIE entity
Clinical Portal	A web-based service offered to providers for accessing, viewing, and downloading clinical data available from data sources connected to an HIE
PHI De-identification	A mechanism for removing demographic and other person-identifying data from personal health information and other health care data so that they can be used for public health reporting, quality improvement, research, benchmarking, and other secondary uses

HIE –Related Service	Definition
Terminology Service	A service that ties together technology, nomenclature, data-element, or coding-transactions standards across disparate systems, normalizing (among others) HIPAA-standard transaction sets including HL7 and ANSI, LOINC, SNOMED CT, RxNorm, IDC, NCPDP, HCPCS, CPT, and document terminology
Clinical Decision Support	Distributes standardized clinical rules that can be incorporated into EHR systems or e-Prescribing systems in support of clinical decision making at the point of care
Advance Directives Management	Maintains and exchanges a patient's legal documentation such as a living will, durable power of attorney for health care, etc.

.

Footnote: 14

REVIEW OF ASSETS NOT BEING USED FOR OMS HIT PROGRAM AT THIS TIME.

Care Management

Care Management is part of the MIHMS system and focuses on the health needs of the individual including the plan of treatment, targeted outcomes, and the individual's health status. Care Management requires the need to collect necessary health care data to manage the health outcomes of Maine citizens. The Care Management function facilitates both case management and disease management within MIHMS. The fiscal agent performs the following tasks:

- Perform prior authorization of medical services.
- Provide support to determine efficient and effective care.
- Evaluate and assign levels of care for members in institutional settings.
- Assist with the implementation of External Quality Review Organization (EQRO) protocols.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
✓ Tracking Attestations	✓ Care Coordination ✓ Clinical Portal ✓ Clinical Decision Support

Pharmacy Benefit Management

Pharmacy claims adjudication processing for MIHMS occurs under the State's existing PBM contract with GHS. Actual pharmacy claims payment processing occurs within MIHMS. This allows for a centralization of DHHS claims payment utilizing the financial solution application. Adjudicated pharmacy claims from GHS are extracted and transferred to MIHMS. When the financials processing occurs these claims are selected along with the medical, dental, and institutional claims.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
✓ Tracking Attestations	✓ Care Coordination ✓ Clinical Portal ✓ Clinical Decision Support

Maine Point of Purchase System (MEPOPS)

The Maine Point of Purchase System (MEPOPS) is a point of purchase system for pharmacy providers. This system processes Medicaid prescription drug claims by assessing a number of factors, including eligibility. GHS manages this application, which provides pharmacy claims information to MIHMS.

The MEPOPS application is in the process of being replaced. MaineCare has released a request for proposal for a new Pharmacy Benefit Management (PBM) program application. The new system will be implemented by July 2011. The anticipated capabilities of the new PBM system include:

- Maintain interfaces with POS system and reporting applications
- Provides real-time access to both beneficiary and provider eligibility
- Supports online real-time summary information including number and type of providers, beneficiaries, and services
- Available 24 hours a day, 7 days a week, 365 days a year
- Prior Authorization must be compliant with Federal and State regulations
- E-prescribing solution that would work with Prior Authorizations and POS
- Fully automated PRO-DUR system that meets Federal DUR regulations
- Fully functional RETRO-DUR system that meets Federal DUR regulations
- Implementation of Medication Therapy Management Program
- Transmit adjudicated claims to the Data Hub for the MMIS system
- Pharmacy help desk available to providers for clinical and technical support

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
✓ Tracking Attestations	✓ Eligibility and Claims Exchange ✓ Record Locator ✓ Medication Management

Prior Authorization (PA)

Prior Authorization applications are part of the MIHMS system. When specific program benefit services are needed by a member, the service can be designated as requiring a PA. Claims that are submitted without establishing a PA will be denied. Providers have an interest in ensuring that a PA has been established for services they are providing. They can request PAs using the Provider Portal, paper requests, or by calling customer service representatives.

Utilization and quality management define those aspects of the MIHMS system that provide for a measure of cost control and improve the quality of Medical Care through the avoidance of inappropriate treatment regimens. The state has various options to deal with utilization which represents a progression of control related to the severity of member condition. The basic level would include the restriction of benefits by associating the need for Prior Authorization (PA) to a benefit. A more aggressive control would be Care Management which would provide specific treatments for certain high risk members, based on criteria defined by the State.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	➢ No alignment identified at this time

Third Party Liability

Third Party Liability (TPL) information is information related to other insurance coverage that would apply to members who are also eligible for Medicaid. This information is obtained from various sources including CMS, Employer databases, and Medicare and is maintained in the administrator database. Adjudication edits are configured to include the TPL information for consideration as to claim payment and payment amount. The TPL information is also supplied to GHS for consideration in Pharmacy processing.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Eligibility and Claims Exchange

Pharmaceutical Rebate Information Management System (PRIMS)

The Pharmaceutical Rebate Information Management System (PRIMS) solution is an automated system designed to track the invoicing and collection of rebates from drug manufacturers. The invoices, generated quarterly, are based on the quantities of drugs dispensed by providers to eligible clients and paid for by the Department. PRIMS generates an invoice for each manufacturer stating the unit type, quantity of units used, and the expected total rebate amount for each National Drug Code (NDC) for the billing quarter. As manufacturers make payments to the State, PRIMS provides for the logging, allocation, and reconciliation of those payments for each NDC.

The table below details alignment of PRIMS with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Quality Reporting ✓ Clinical Portal ✓ Medication Management

APPENDIX A-8

Systems Related to MaineCare (Not MIHMS)

DataHub

The DHHS DataHub integrates eligibility data from a variety of sources including ACES, EIS, MACWIS, and MAPSIS and feed that data to MIHMS. Full production of the DataHub went live on August 1, 2010. The DataHub facilitates the data exchange between the state eligibility systems and MIHMS to send member eligibility data to MIHMS for claims processing. In addition, other feeds that currently pass through WELFRE have been migrated to the DHHS Data Hub.

The table below details alignment of DataHub with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Eligibility and Claims Exchange ✓ Record Locator

Automated Client Eligibility System (ACES)

ACES is the client eligibility system developed by Keane Inc. to support the operational needs of the Office of Integrated Access and Support (OIAS). ACES supports the welfare programs of DHHS including MaineCare, Temporary Aid for Needy Families (TANF), Food Stamps, and others. The system records client information, determines eligibility for multiple programs, issues benefits, notifies clients and performs tracking and reporting functions. The system is web-based and is used statewide in 16 district offices over the State's wide area network to record client information and determine eligibility for benefits. It also supports several interfaces with State and Federal agencies to collect additional information used in verification and benefit determination. ACES is the system of demographic record for MaineCare members.

The table below details alignment of ACES with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Eligibility and Claims Exchange ✓ Record Locator

Enterprise Information System (EIS)

Enterprise Information System (EIS) is a web-based case management application that supports case management for five populations: Mental Health, Adults with Cognitive and Physical Disabilities, Children's Services, Substance Abuse, and Elder Services. EIS contains eligibility, member, and provider data for each of these populations. EIS contains six key elements: assessments, plans, notes, reportable events, client tracking, and prior authorizations.

EIS interfaces with MIHMS. EIS tracks where services are taking place and MIHMS tracks where claims are being paid. EIS process and pays claims directly to providers for Mental Health members on the state grant program through APS; all other claims are processed and paid through MIHMS.

The Office of Adults with Cognitive and Physical Disabilities (OACPD) works with Resource Coordinators to manage waiver clients and send claims to MIHMS. Mental Health works with providers to capture information from APS, the care management vendor.

The table below details alignment of EIS with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Eligibility and Claims Exchange ✓ Record Locator

APPENDIX A-8

Maine Automated Child Welfare Information System (MACWIS)

Maine Automated Child Welfare Information System (MACWIS) provides the case management system for the Bureau of Child and Family Services (BCFS) casework staff, Title IV-E eligibility determination for children in the Department's care, licensing functions for foster care placement services, placement services payment processes for children in the Department's care, miscellaneous bills processing for DHHS, and intake and assessment processes for child abuse and neglect reporting and mandatory Federal Reporting. MACWIS was designed as a casework management system that allows for the gathering of case specific information on child welfare cases. Much of the information that is collected is for Federal reporting requirements that are directly related to the allocation of Federal funds. The system also contains all the Bureau's licensing, Title IV-E eligibility determinations, miscellaneous bills and child welfare payments, resource management, child welfare contracts, and central intake work. MACWIS serves over 1000 users with over 80,000 transactions processed daily, over 5 million dollars in payments per month, and operates 24 hours a day, 7 days a week, 365 days a year. Information recorded in MACWIS is also used for tracking of the following strategic goals for the Bureau including:

- Improve the quality and timeliness of receiving and responding to reports of child abuse and neglect
- Broaden family involvement from report to the best outcome for children and families
- Improve community connections and collaboration
- Develop and realign resources as needed to create better outcomes for children and their families
- Improve the experience of children in care while achieving better and faster permanency outcomes
-

The table below details alignment of MACWIS with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

APPENDIX A-8

Maine Adult Protective Services Information System (MAPSIS)

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Eligibility and Claims Exchange ✓ Record Locator

Maine Adult Protective Services Information System (MAPSIS)

Maine Adult Protective Services Information System (MAPSIS) is the case management system used by the Office of Elder Services for Adult Protective Services. There are five primary subsystems and five secondary subsystems in MAPSIS. They are:

- Intake – Used to record new referrals to Adult Protective Services
- Supervisor Review – For processing referrals and subsequent case actions
- Investigation – For recording findings of referral review
- Case Management – For recording detail on on-going cases
- Client Accounting – For managing client's day-to-day financial needs
- Estate Management – Client account court reporting and final estate closings
- Reporting – Pre-defined reports primarily used by APS management
- Client Accounting (Supervisory) – Minor extension to client accounting functionality
- Administrative – User account management
- Mental Health / Mental Retardation Read-Only – Read-only access to client transaction information for MH/MR users

The table below details alignment of MAPSIS with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Eligibility and Claims Exchange ✓ Record Locator

MECARE

MECARE is the electronic format of the Medical Eligibility Determination (MED) assessment form used to determine medical eligibility. This assessment is used to verify eligibility for many of the State and MaineCare funded long-term care programs that require medical and/or financial eligibility. Assessments are completed to determine initial eligibility and to review for ongoing eligibility to determine how to best serve the medical needs of MaineCare members requiring long-term care. The MED assessment is used to see if a person meets the requirements for nursing facility level of care, several MaineCare home care programs including adult day health, the state funded Home Based Care program, and the Homemaker program. The MED assessment is required for anyone entering a nursing home. Statistical analysis of the MED assessment data is completed by the Muskie Institute as part of their cooperative agreement with the state.

The table below details alignment of MECARE with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Eligibility and Claims Exchange ✓ Record Locator

Provider Management System (PMS)

The Provider Management System (PMS) application, also known as the Provider Directory, is a database of all of Office of Substance Abuse's Treatment, Prevention, Co-Occurring and Driver Education and Evaluation Program (DEEP) approved

providers. It is linked to a public interface where those in need of services can search by service, town, county, and populations served. It stores contact and location information, provider websites if available, Executive Directors, contact staff, and other information. Internally, it is used to store data on services and treatment and send mailings to specific groups of providers. PMS interfaces with MIHMS to adjudicate the claims for the Office of Substance Abuse.

The table below details alignment of Provider Management System with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Provider

Case Mix Quality Assurance Application

The Case Mix Quality Assurance nurses use this application to review the Minimum Data Set (MDS) assessments to determine accuracy for payment purposes. The application is loaded onto laptop computers, where data is then collected, and synchronized with the system.

The Case Mix/Classification Review Unit is responsible for the ongoing monitoring of the combined Medicaid/Medicare Reimbursement and Quality Assurance System throughout the state of Maine. The Health Care Financing Administration (HCFA) mandates the use of a standardized, universal assessment tool (Minimum Data Set 2.0) for all long-term care Nursing Facility residents. The MDS is the basis for Case Mix payment and Quality Indicators in Nursing Facilities. The Case Mix Unit is also responsible for the ongoing development, implementation and education of a case mix system for Level II Cost Reimbursed Assisted Living Facilities. Case Mix payment was implemented in the summer of 2001. The facilities continue to assess residents using the MDS/Resident Care Assessment (RCA) form. This form will be the basis for the case mix payment and Quality Indicators in Assisted Living Facilities. Registered Nurses visit all Nursing Facilities and Level II Assisted Living Facilities to review the accuracy of the assessment data. The Classification Unit serves as the technical “help

desk" for all the Nursing Facilities and Home Health Agencies. They are the direct line of communication for problem solving and assistance for all facets of the data submission process.

The table below details alignment of the Case Mix Quality Assurance Application with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Eligibility and Claims Exchange ✓ Quality Reporting

Minimum Data Set v 2.0 (MDS 2.0)

The Minimum Data Set v 2.0 is a Long Term Care (LTC) Resident Assessment Instrument that was developed by the Muskie Institute. The MDS 2.0 is part of CMS Nursing Home Quality Initiative. The purpose of this project is to provide computerized storage, access, and analysis of the MDS 2.0 long-term care data on residents in nursing homes across the United States. The MDS System is intended to create a standard, nationwide system for connecting LTC facilities to their respective State agencies for the purpose of electronic interchange of data, reports, and other information.

The MDS System provides the following functions:

- Receipt of MDS records from LTC facilities by State agencies
- Authentication and validation of MDS records received from LTC facilities
- Feedback to LTC facilities indicating acknowledgment of the transmission of the data and specifying the status of record validation
- Storage of MDS records in the database repository within the State agency

The system was designed to also serve as a means of communicating information (e.g., reports, documents, and notices) between the State agencies and LTC facilities without requiring additional hardware or software at each LTC facility, the user will use the MDS System to electronically send MDS data records to the State agency. The information is transmitted via a modem or broadband and received at the State communications server where the file is validated to ensure some basic elements conform to the requirements (such as proper format and facility information). Once these minimal checks of the file are completed, a message is sent back to the LTC facility and appears on-screen indicating whether the file has been received successfully or rejected.

The MDS is collected on regular intervals for every resident in a Medicare or Medicaid certified nursing home. Information is collected on each resident's health, physical functioning, mental status, and general well-being. These data are used by the nursing home to assess the needs and develop a plan of care unique to each resident. Regulations require that a MDS assessment be performed at admission, quarterly, annually, and whenever the resident experiences a significant change in status. For residents in a Medicare Part A stay, the MDS is also used to determine the Medicare reimbursement rate. These assessments are performed on the 5th, 14th, 30th, 60th and 90th day of admission.

MDS 2.0 will be migrated to MDS 3.0 on November 1, 2010.

The table below details alignment of the Minimum Data Set with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Diagnostic Results Reporting ✓ Quality Reporting ✓ Patient Identifier ✓ Record Locator ✓ PHI De-Identification ✓ Clinical Decision Support

APPENDIX A-8

Outcome Assessment Information Set (OASIS)

The Outcome Assessment Information Set (OASIS) System is one part of the overall OASIS National Automation Project. The purpose of this project is to provide computerized storage, access, and analysis of the OASIS data on patients in Home Health Agencies across the United States, Puerto Rico, Virgin Islands, and Guam. The OASIS System is intended to create a standard nationwide system for connecting Home Health Agencies to their perspective State Agencies for the purpose of electronic interchange of data, reports, and other information. The patient information collected includes patient identification number, social security number, Medicare and/or Medicaid identification number, zip code, current condition information, and health assessments.

The OASIS System provides the following functions:

- Receipt of OASIS records from Home Health Agencies by State Agencies
- Authentication and validation of OASIS records received from Home Health Agencies
- Feedback to Home Health Agencies indicating acknowledgment of the transmission of the data and specifying the status of record validation Storage of OASIS records in the database repository within the State Agency

The system was designed to also serve as a means of communicating information (e.g., reports, documents, and bulletins) between the State Agencies and Home Health Agencies without requiring additional hardware or software also serves to illustrate the flow of OASIS data submissions. At each Home Health Agency, the OASIS System is utilized to electronically send OASIS data records to the State Agency. The information is transmitted via a modem or broadband and received at the State's Communications Server where the file is validated to ensure some basic elements conform to the requirements (such as proper format and Home Health Agency information). If the submission passes the initial validation check, each record is then checked for errors or exceptions to the data specifications and an OASIS Final Validation Report is generated.

The table below details alignment of OASIS with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Diagnostic Results Reporting ✓ Quality Reporting ✓ Patient Identifier ✓ Record Locator ✓ PHI De-Identification ✓ Clinical Decision Support

Universal Hospital Discharge Data Set (UHDDS)

The Universal Hospital Discharge Data Set (UHDDS) is a database the collects and stores information on every inpatient and outpatient hospitalization encounter. Upon hospitalization, a record is created to register a patient. The registered entry is coded with demographic information, diagnosis, and payment information. Since 1990, Maine requires by law that all inpatient and outpatient hospital encounters be reported to the Maine Health Data Organization (MHDO) using the UHDDS. Data is available through 2009. This asset is owned, operated and maintained by MHDO. A variety of interest groups, including organizations, educational institutions, and providers, can purchase data from MHDO provided that purchasers agree to comply with MHDO's data use agreement. The State does not currently use the database for regular reporting. OnPoint Health Data, a non-profit organization, is a large purchaser of the UHDDS data and they use the data to provide reports to organizations, providers, and others who have contractual agreements with OnPoint.

The table below details alignment of UHDDS with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Claims Exchange ✓ Care Coordination ✓ Quality Reporting ✓ Provider ✓ Record Locator ✓ Audit Trail ✓ PHI De-Identification

Adult Blood Lead Epidemiology and Surveillance (ABLES)

The Adult Blood Lead Epidemiology and Surveillance (ABLES) program is a state-based surveillance program of laboratory-reported adult blood lead levels. The program objective is to build state capacity to initiate, expand, or improve adult blood lead surveillance programs which can accurately measure trends in adult blood lead levels and which can effectively intervene to prevent lead over-exposure.

The table below details alignment of ABLES with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Diagnostic Results Reporting ✓ Laboratory Results ✓ Public Health ✓ Research ✓ PHI De-Identification

Annotated Lead Information Case Explorer (ALICE)

Annotated Lead Information Case Explorer (ALICE) tracks and manages all incidences of Childhood Blood Lead Poisoning. Interfacing with several other Microsoft Access databases (including doctors, public health nursing) and Oracle tables (LITS, Lead Master Files) this system provides data, forms, letters and alerts to environmental and health nurses for management of children (under 6 years old) with blood lead levels above 10 ugl.

The table below details alignment of ALICE with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Diagnostic Results Reporting ✓ Laboratory Results ✓ Public Health ✓ Research ✓ PHI De-Identification

BioNumerics

BioNumerics is a uniquely comprehensive biological data analysis software of particular interest to laboratories performing typing, identification, screening and taxonomic studies. Typical applications are PFGE DNA fingerprinting E.coli O157:H7 and MRSA. BioNumerics is used by the PulseNet project in the USA and worldwide. BioNumerics integrates the analysis of gel, sequence and phenotypic data. BioNumerics is a modular software. Users may choose from 5 data type modules; 3 analysis modules; and a database sharing tools module. The minimum configuration is one data type module + one analysis module. You may add any module at a later date if desired.

The table below details alignment of BioNumerics with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services. For detailed definitions of the EHR Incentive Program administration and oversight areas and HIE-related services, please refer to section 5.2.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Laboratory Results ✓ Public Health ✓ Research

Blood Lead Master Database

This system manages all recipients of blood lead tests (almost always human beings, the majority are children though adults are also on record). Database tables hold distinct people, distinct addresses, and all test results. Data is validated against address validation software and quality assurance checks to assure data integrity. Nationally required data for CDC is sent out quarterly and annually. Data is sent to the ALICE and ABLES systems, Lead survey and Bio-Monitoring systems.

The table below details alignment of Blood Lead Master Database with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Diagnostic Results Reporting ✓ Laboratory Results ✓ Public Health ✓ Research ✓ PHI De-Identification

AIDS Treatment Database (CAREWARE)

In order to meet funding requirements, service providers funded by the Ryan White HIV/AIDS Program must complete the Ryan White Program Data Report (RDR) detailing information on all the clients they served during the course of a calendar year. CAREWare is free, scalable software for managing and monitoring HIV clinical and supportive care and will quickly produce a completed RDR and the new RSR. The CAREWare application contains information on AIDS treatment.

The CAREWare business and data tiers are on an Enterprise server at OIT. The State has users throughout the state, most of whom are case managers employed at provider agencies who are subcontractors. Demographic data is entered into the system from paper forms, but service data and case notes are entered directly into CAREWare. The Ryan White Services Report (RSR) includes demographic data, service data, and some limited clinical and financial data. CAREWare has an RSR export built into it that will produce an XML file stripped of identifiers using the Safe Harbor method of de-identification that has been uploaded to HRSA's secure electronic handbook online. Internally, there are four CAREWare users at Maine CDC and several users at MaineCare as well.

The table below details alignment of CAREWARE with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Diagnostic Results Reporting ✓ Laboratory Results ✓ Quality Reporting ✓ Public Health ✓ Patient Identifier ✓ PHI De-Identification

Childlink

The Childlink Application and Database hosted by the University of Maine at Orono (UMO) to capture data, report, and research information on newborns including hearing

screenings, birth defect data, metabolic data. UMO hosts this application, and pulls down data for research. Hospitals and private Audiologists use a Citrix link to submit Hearing Screening data. A Web link is available for Physicians to submit data on Birth Defects. Maine CDC provides reports and statistics.

The table below details alignment of Childlink with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Diagnostic Results Reporting ✓ Laboratory Results ✓ Quality Reporting ✓ Research ✓ PHI De-Identification

Children with Special Health Needs (CSHN)

Children with Special Health Needs (CSHN) is a program that helps pay for medical care provided by specialists to eligible families, and offers assistance with coordination of care for infants, children and adolescents with special health needs.

The table below details alignment of CSHN with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Consultations / Transfers of Care ✓ Care Coordination

Comprehensive Clinic Assessment Software Application (COCASA)

The Comprehensive Clinic Assessment Software Application (COCASA) is a program supplied by the Centers for Disease Control and Prevention (CDC) that is used to access patient up-to-date status for childhood vaccines. IMMPACT 2 has an extract

function that creates a flat file with patient and immunization records. This file is used to assess Practices that receive CDC vaccines. This assessment includes the percentage of children up-to-date and recommendations for improving immunization coverage.

The table below details alignment of COCASA with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
✓ No alignment identified at this time	✓ Diagnostic Results Reporting ✓ Laboratory Results ✓ Public Health ✓ PHI De-Identification

Daycare Database

This is an Access database used to collect the results of annual daycare and Head Start surveys mailed and returned to the MIP. The results are keyed into the system by MIP staff. The survey collects information of those children that attend the daycare, names and birth dates and the immunizations that they have received. The system calculates the immunization status both for the child and in summary for the daycare as well as Statewide. Summaries are submitted to the Federal Centers for Disease Control and Prevention on a yearly basis. State Statute/Rules require that children in daycare have specific immunizations to be enrolled in daycare. The daycare is responsible to make sure that the children have these vaccinations before or shortly after being enrolled. The table below details alignment of Daycare Database with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Diagnostic Results Reporting ✓ Laboratory Results ✓ Public Health ✓ Research ✓ PHI De-Identification

APPENDIX A-8

Early Aberration Reporting System (EARS)

The Early Aberration Reporting System (EARS) was pioneered as a method for monitoring bioterrorism during large-scale events. Its evolution to a standard surveillance tool began in New York City and the nation's capitol region following the terrorist attacks of September 11, 2001. Various city, county, and state public health officials in the United States and abroad currently use EARS on syndromic data from emergency departments, 911 calls, physician office data, school and business absenteeism, and over-the-counter drug sales. EARS is a convenient, easy to use, and no cost application. The EARS program presents its analysis in a complete HTML Website containing tables and graphs linked through a home page. Viewing EARS output requires only a Web browser.

The table below details alignment of EARS with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Care Coordination ✓ Public Health

Electronic Birth Certificate (EBC)

The Electronic Birth Certificate (EBC) and Birth Statistical File is an application that is undergoing a maintenance upgrade and a move off of an unsupported environment. The new EBC is scheduled to be implemented during calendar year 2011.

The table below details alignment of EBC with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Public Health ✓ Research

APPENDIX A-8

Electronic Death Registration System (EDRS)

Electronic Death Registration System (EDRS) is a Commercial Off the Shelf (COTS) product Database for Application of Vital Events, supplied by VitalChek Network Inc. The initial implementation will be the death module and in the future other vital events modules may be added. The application enables the capture of complete and accurate death vital event information that is statutorily required and of critical importance for public health surveillance. It ensures the timeliness of vital events information for certification, surveillance, reporting, analysis and verification.

The table below details alignment of EDRS with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Diagnostic Results Reporting ✓ Laboratory Results ✓ Public Health ✓ PHI De-Identification

Environmental Public Health Tracking Network (EPHTN)

The U.S. Congress appropriated funding to the Federal Centers for Disease Control and Prevention (CDC) in 2002 to begin the development and implementation of a National Environmental Public Health Tracking (EPHT) Program and Network. The National EPHT Network (EPHTN) is to provide a coordinated way for agencies responsible for protecting human health to systematically and comprehensively track information about the health of people and the environment from local to national levels. The National network was launched in February 2009. The Tracking Network will enable direct electronic data reporting and linkage of health effects, exposure, and environmental health data. The EPHTN is a portal within the IPHIS application. The functionality of this application has been built based on the existing IPHIS platform and technology.

The table below details alignment of EPHTN with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

APPENDIX A-8

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Public Health ✓ Research ✓ PHI De-Identification

HIV/AIDS Medication Database (HIV DBMS)

This application contains AIDS Medication information. The information resides on a local drive at Key Bank building.

The table below details alignment of HIV/AIDS Medication Database (HIV DBMS) with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Medication Management ✓ Public Health ✓ Research

Induced Abortion (IA)

The data from paper records is entered into an Access database, processed using SAS, and shared de-identified only. This information is shared only in tabulated form; raw data is tightly restricted and controlled.

The table below details alignment of Induced Abortion (IA) with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

APPENDIX A-8

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Public Health ✓ PHI De-Identification

Maine Breast and Cervical Health Program (MBCHP) Data Management and Reporting System (DRMS)

Maine is one of 68 state and tribal organizations to implement a comprehensive breast and cervical cancer early detection program. The Maine Breast and Cervical Health Program (MBCHP) is funded through a cooperative agreement with the Federal Centers for Disease Control and Prevention (CDC). The MBCHP utilizes MIHMS to reimburse providers for MBCHP covered services: MBCHP is considered a Special Benefit program under the claims system. MBCHP is responsible for the collection and management of enrollment and clinical data reported by these providers; and weekly integrates a MIHMS claims feed with claims-related data into the database. The Federal CDC mandates the reporting of both the types of services delivered and the cost of delivered services, making the MBCHP Data Management and Reporting System (DMRS) an integral component to the success of this program.

The table below details alignment of MBCHP with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Eligibility & Claims Exchange ✓ Quality Reporting ✓ Provider

Maine Cancer Registry (MCR)

The Maine Cancer Registry (MCR) is a statewide population-based cancer surveillance system. The MCR collects information about all newly diagnosed and treated cancers in Maine residents (except in situ cervical cancer and basal and squamous cell carcinoma of the skin). This information is used to monitor and evaluate cancer incidence patterns in Maine. This information is also used to better understand cancer, identify areas in

need of public health interventions, and improve cancer prevention, treatment, and control.

The table below details alignment of MCR with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Quality Reporting ✓ Public Health ✓ Research

No. 17 Meditech – Office of Adult Mental Health Services - State Hospital EHR Systems

Meditech supports the mission, strategic plan, and initiatives of the two State hospitals--Riverview Psychiatric Center and Dorothea Dix Psychiatric Center--by providing a data system of client billing management functions. Meditech enables the State to capture data and bill electronically. The back end office modules of the Meditech system were implemented 2006. Clinical modules were implemented in 2009 allowing for the use of clinical notes. These hospitals are not eligible for the Medicaid HIT Program, but would have some aligning factors with HIT/HIE.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
✓ No alignment currently planned	✓ Care Coordination ✓ Quality Reporting

Oral Health Program Sealant Application (OHP Sealant)

Used by the Oral Health Program to compile data taken on-site by Dental Hygienists conducting child dental screenings in public schools and installing dental sealants. The primary purpose is to capture MaineCare's billing information for reimbursements to the Oral Health Program (OHP). The secondary purpose is to capture statistical information for reporting.

APPENDIX A-8

The table below details alignment of OHP Sealant with the plan to administer oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Eligibility & Claims Exchange ✓ Quality Reporting

Public Health Nursing Referent Survey (PHN Referent Survey)

Public Health Nurses (PHN) conduct surveys with their patients following the patient's discharge. Paper documents are mailed and returned without any personal identifiers. The data is then entered into an excel spreadsheet and managed by the Public Health Nursing Informatics staff. Various reports and analysis are conducted all for the sake of quality improvement.

The table below details alignment of PHN Referent Survey with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Quality Reporting ✓ Public Health ✓ Research

Public Health Nursing Records System – CareFacts

Since 2002, the PHN program has used an electronic information management system (CareFacts™), in order to document nursing services provided. This application utilizes the Omaha System, a standardized classification system recognized by the American Nurses Association. The PHN program utilizes such information technology in order to link nursing practice, service data, health information and knowledge, pertinent to citizens' current and emerging health needs. Program commitment to the utilization of information technology tools has supported: standardized clinical documentation; improved clinical management; public health outcomes measurement; and preparation for program pursuit of CHAPS accreditation. The program's information technology experiences have been highlighted in state and national forums, including the recent 2006 American Public Health Association annual meeting.

APPENDIX A-8

The table below details alignment of CareFacts with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Quality Reporting ✓ Public Health ✓ Research ✓ Clinical Decision Support

STARLIMS Laboratory Information Management System v 9.0 and v 10.0

The goals of the Health and Environmental Testing Laboratory (HETL) are to isolate, identify, analyze and monitor any biological, chemical, or radiological hazards that are capable of causing harm. The HETL's mission is to provide surveillance data necessary for prevention, treatment, and control of such hazards that threaten the community or environment. Laboratory Information Management Systems (LIMS) are a critical component of the HETL's management of analytical data. A LIMS not only tracks analytical test requests, but manages analytical results, quality control, work lists, data review and release, reporting both electronically and by paper, and billing. LIMS are also a critical component of a National Laboratory Response Network that serves interoperable electronic data exchange for surveillance across all public health laboratories. Maine's HETL currently needs two LIMS: one STARLIMS for the environmental and forensic sections and a second STARLIMS for the microbiology sections.

The table below details alignment of STARLIMS with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Public Health ✓ Research

STD Management Information System (STD MIS)

The system is used for disease surveillance, morbidity tracking, and case management. The STD Program uses the data for grant activities, for planning purposes, and for

disease intervention/follow up work. The community uses the information for various reasons and data is uploaded to the Federal CDC weekly.

The table below details alignment of STD MIS with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Quality Reporting ✓ Public Health

Vaccine Management System (VACMAN)

VACMAN is the CDC's National Immunization Program Vaccine Management System. It is a Database Management System (DBMS) used by 59 state, city, and territorial government Immunization Programs (called Projects). Only these Projects, designated by CDC, are eligible to use VACMAN - the application is not designed or accessible for any agency other than these 59 Projects. The Projects use VACMAN to order, and to track and record information relating to publicly funded (Vaccines for Children (VFC), 317 Grant (G317), and state/other) vaccines data is entered and tracked through a direct user interface.

The table below details alignment of VACMAN with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Quality Reporting ✓ Public Health

Public Health Nursing Database (PHN DB)

There is a MS-access PHN (Public Health Nursing) Database that is used to access names, phone numbers, and offices for public health nurses and supervisors. Typically the data is joined by geographic location to identify the office and staff responsible for an area.

APPENDIX A-8

The table below details alignment of PHN Database with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Provider

Differential Substance Abuse Treatment (DSAT) – Office of Substance Abuse

The Differential Substance Abuse Treatment (DSAT) is a web-based evaluation tool that contains clinical data on clients. Probation officers and Correctional Facility personnel can view the status of their clients.

The table below details alignment of DSAT with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Care Coordination ✓ Quality Reporting

Drug Court Treatment System (DTxC) – Office of Substance Abuse

Drug Court Treatment (DTxC) is used by judges in court to make decisions about offenders. The system is also used by providers to log clinical information.

The table below details alignment of DTxC with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Care Coordination

APPENDIX A-8

Levels of Care Database (LOC DB) – Office of Children and Family Services

The Levels of Care Database (LOC DB) tracks requests and receipt of case information from child placing agencies for levels of care assessments. These assessments are used to determine pay rates for providers.

The table below details alignment of LOC Database with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Eligibility & Claims Exchange ✓ Care Coordination

Maine Youth Drug and Alcohol Use Survey (MYDAUS)

Between 1993 and 1997, Maine was one of six states participating in the Diffusion Consortium Project, a study undertaken by the University of Washington for the purpose of developing research-based substance abuse strategies. Out of the collaboration came the Maine Youth Drug and Alcohol Use Survey (MYDAUS). The purpose of the survey is to quantify the use of alcohol, tobacco and other substances among middle and high school students in Maine, and to identify the risk and protective factors that influence a student's choice of whether or not to engage in these and related harmful behaviors. These influences are found in the different domains of the student's social environment: peer group, family, school and community. Identification of specific populations in which the risk factors are high and the protective factors are low, permits the targeting of interventions where they are most needed.

The table below details alignment of MYDAUS with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Public Health ✓ Research

APPENDIX A-8

Certified Nursing Assistants Registry (CNA Registry)

The CNA Registry is used for checking current licensing statuses for Certified Nursing Assistants.

The table below details alignment of CNA Registry with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Provider

National Electronic Disease Surveillance System (NEDSS)

The National Electronic Disease Surveillance System is the communicable disease reporting system within IPHIS.

The table below details alignment of NEDSS with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Public Health

Prescription Monitoring Program (PMP) – Office of Substance Abuse

The Prescription Monitoring Program (PMP) provides a database of controlled substances schedules II, III, and IV received by patients in the State of Maine. Data collection for the program began in July 2004 and the PMP collects records on approximately 2.4 million pharmacy transactions from 300 pharmacies both in and outside of Maine per year. The program allows health care providers to access comprehensive information through a web portal to improve patient care. The primary

goal of the program is to provide information to both prescribers and pharmacists to identify suspicious activity related to prescribing and dispensing controlled substances.

The PMP database collects the name and date of birth of the patient who was prescribed the controlled substance as well as the name of the prescriber and pharmacist. All pharmacies and dispensaries in Maine are required to submit data via the web portal on controlled substances at least twice a month.

The table below details alignment of PMP with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Medication Management ✓ Public Health

Substantiation – Office of Children and Family Services

The Substantiation database documents complaints of abuse or neglect. The database contains clinical information documenting incidences of abuse or neglect.

The table below details alignment of Substantiation with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Care Coordination

Treatment Data System (TDS) – Office of Substance Abuse

The Treatment Data System (TDS) was legislatively mandated by the State Legislature in P.L. 1983 c. 464. It is also required by the Federal Government that the Office of Substance Abuse submit substance abuse treatment data on a monthly basis. TDS is the vehicle used to comply with that reporting. TDS aggregate data are used to monitor and track trends in substance use for new or changing patterns. The system allows OSA to monitor contracted agencies for utilization and effectiveness. In addition, TDS is

used for needs assessment planning and workforce development. TDS collects de-identified admission and discharge data on clients in substance abuse treatment. Data is only disseminated from TDS in aggregate form. TDS is a secure system requiring a user ID and password to log on.

TDS has several different levels of reporting by agencies. Those levels have been consolidated over time so that eventually TDS will contain all or nearly all the substance abuse treatment information for the state as possible. Currently, reporting falls into 4 categories: OSA contracted substance abuse treatment agencies must report all their clients. All Licensed Substance Abuse providers must report all of their clients. Methadone agencies must report all their clients. Private providers, who serve clients involved in the Driver Education and Evaluation Program (DEEP), must report only their DEEP clients. MaineCare requires that any agency seeking reimbursement for substance abuse treatment must have a contract with the Office of Substance Abuse. These new contracts require that all of the agency's clients be reported to TDS.

The table below details alignment of TDS with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Care Coordination ✓ Quality Reporting ✓ Provider ✓ PHI De-Identification ✓ Research

Organ Donation – Bureau of Motor Vehicles

When applicants for a Maine driver's license or state identification card come into a Bureau of Motor Vehicles (BMV) Service Center, they are asked if they wish to be recorded as a potential organ and tissue donor. Using this information, the BMV hosts and maintains the Organ Donor registry. This database is an Access database.

The table below details alignment of Organ Donation with the plan to administer and conduct oversight for the EHR Incentive Program and alignment with State-HIE services.

APPENDIX A-8

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	✓ Care Coordination

Division of Purchased Services

The Division of Purchased Services exists to provide support to DHHS through the effective management of purchase of service agreements. The Division reviews, approves, and processes over 2000 agreements per year. The Division also provides management tools for recording agreement information and performance as well as technical assistance regarding agreement development and management.

Division staff endeavors to manage agreements with the greatest degree of consistency, accountability and cost effectiveness to ensure that the delivery of services meets the needs of the consumers as well as Department and various Federal, State, and other funds. The Division is committed to an agreement management system that promotes the best business practices, supports the Department's public mission, and is in compliance with Federal and State statutes, rules, and regulations.

Alignment with Plan to Administer and Conduct Oversight	Potential Alignment with State HIE
➢ No alignment identified at this time	➢ No alignment identified at this time

APPENDIX A-9

Footnote 16:

Survey Approach

The survey creation, distribution, and analysis was facilitated by researchers from the Muskie School of Public Service. The survey was created by using the Muskie School's expertise in survey development and administration and various EHR adoption surveys that have been created and used by other states. There were three key steps in administering the survey to MaineCare providers:

- Sample development
- Survey development and administration
- Data collection and analysis

The following describes each step of the survey administration process:

Sample Development

Several sources of provider information were examined to identify appropriate contact information so that the survey could be web-based and more quickly administered than otherwise possible. Muskie School staff examined provider files from the current MMIS (MECMS), the new MMIS (MIHMS), the Maine Medical Association provider list, the list of hospital Chief Information Officers (CIO), and the MaineCare Primary Care Case Management and Patient Centered Medical Home program lists. Recently providers were required to re-enroll in MIHMS to support the new MMIS. Since this system had the most complete list of provider email contacts, to the extent possible, this list was reconciled with the other lists to determine omissions and/or additional contacts. However, because the data elements within each file were inconsistent, manual reconciliation was necessary to develop a single, complete and accurate data source. Provider type and specialty were used to identify hospitals, and all of types listed as "eligible professionals" including, but not limited to, physicians, FQHCs, RHCs, nurse practitioners, and dentists.

Survey Development and Administration

Muskie School researchers developed three surveys for health professionals: practices (which included the professionals who were listed in the CMS regulations as meeting

the definition of an “eligible professional,” acute care hospitals, and dental practices. An online survey tool was used to develop the survey which was administered by the Survey Research Center at the Muskie School of Public Service. Hospital and provider associations were informed about the survey prior to distribution. The MaineCare Director met with the associations to explain the purpose of the survey and encourage association leaders to encourage their members to participate in the survey.

Links to the web-based surveys were e-mailed to the available e-mail address for each practice, which would include the professionals listed in the CMS regulations as meeting the definition of an “eligible professional,” hospital, and dental practice identified. Reminders were emailed a week after the survey and follow-up phone calls were made a week after that. Provider associations (Maine Medical Association, Maine Hospital Association, and Maine Dental Association), Maine Primary Care Organization, and MaineCare staff and the Muskie School Survey Research Center participated in follow up efforts.

Data Collection and Analysis

Muskie School researchers collected the final survey data on June 10, 2010. Prior to completing any data analysis, Muskie School researchers cleaned the data by including respondents answering the survey question about EMR adoption in the final analyses and excluding practices where physicians provide 90 percent or more of their services in a hospital setting. For the “As-Is” Assessment, frequencies were calculated using Statistical Analysis Software (SAS).

The State has all of the raw survey data that was collected from providers, hospitals, and dentists, and conducted further analysis to help feed the “gap analysis.”

Of the 1,384 sites, servicing providers were identified as providing services. The Muskie School analyzed data to determine which providers would be eligible for the EHR Incentive Payment Program. MaineCare administrative data for Non-FQHC providers enrolled in the PCCM program and MaineCare Enrollment and Capitation System (MECAPS) were examined to determine eligible member panel enrollment as of June 30, 2009. Additionally, non-Primary Care Case Management (PCCM) Medicaid Members were attributed to the sites based on who they saw the most during the 2009 fiscal year. Providers were prorated to each site. If a provider is at multiple sites during a month, the number of months attributed to each sites is 1 divided by the number of sites a provider is at during month (i.e., if a provider is at two sites in the same month, the provider counts as .5 months for each site). While the literature

suggests 2,500 as an average panel size, based on feedback from the provider community a lower panel size estimate of 1,800 was used.

Using the 1,800 panel size estimate (150 providers met the 30 percent (20 percent for pediatricians) Medicaid patient volume threshold. CMS used a 47.3 percent estimate of providers that will meet the Meaningful Use criteria in their estimates. (2 CFR Parts 412, 413, 422, and 495 Medicare and Medicaid Electronic Health Records Incentive Program, CMS Final rule, July 13, 2010, pp 742). Applying the 47.3 percent estimate, 71 providers would be eligible for incentive payments. According to the Medical Practices (Including Eligible Professionals) Survey results, 42 percent of primary care respondents indicated they would be applying for the EHR Incentive Program. Applying the 42 percent estimate, 63 providers would apply for the incentive.

De-identified data for Federally Qualified Health Centers (FQHCs) was provided from the Maine Primary Care Association on the number of patients served by source of payment as well as number of providers. All 18 corporate FQHC entities were included. These data are provided directly from the FQHCs to Maine Primary Care Association and are part of the required cost reports and include the MaineCare and uninsured covered patients ("needy individuals") and counts of all patients and practitioners. FQHCs also provide dental services that are included in the cost report data. From the MaineCare claims information, 1,325 members were provided dental services at 62 FQHC sites based on the diagnosis code submitted on the claims. (The FQHCs bill using a global procedure code for services. This makes it difficult to identify dental services. To identify dental services from FQHCs, diagnosis codes (V7222 and 520 thru 5259) on the claim were used).

Using the 2009 data, every FQHC but one qualifies for the Medicaid EHR Incentive Program. Since the time the survey was conducted in early 2010, FQHCs have reported that with more current 2010 data, all FQHCs qualify. According to the Medical Practices (Including Eligible Professionals), 70% percent of the centers indicate they are planning to apply for the Medicaid EHR Incentive Payment Program. This would result in a final estimate of 150+ eligible professionals from FQHCs.

For non-PCCM providers, Medicaid claims data were examined to determine the number of Members, visits, charges and payments associated with each servicing provider and site. Claims for services provided in calendar year 2009 and processed by June 2010 were analyzed. Claims were aggregated to the servicing provider noted on the claim. Services were aggregated by place of service as those occurring in and outside of the hospital. High and low patient volumes are based on work relative value units (wRVUs). CMS 2009 work RVUs were applied to the claim lines and totaled for each servicing provider. (Provided by the CMS website:

https://www.cms.gov/PhysicianFeeSched/PFSRVF/list.asp). A commonly available source of physician productivity data was used as a benchmark. Because common experience in Maine is that providers generally do not meet average national benchmarks, the national 25th percentile wRVU figures were selected as the benchmark.

Footnote: 17

Medical Practices EHR Adoption—Meeting Meaningful Use

In year two, Eligible Professionals must attest to and electronically submit quality data on a variety of Meaningful Use capabilities to receive incentive payments

Medical Practices (Including Eligible Professionals) – Practice status in meeting selected Meaningful Use Criteria		
Meaningful Use Requirement	**Criteria for Eligible Professionals**	**Status among respondents with HER**
CPOE	80 percent of all orders	69% meet criteria
Drug-drug, drug allergy, drug formulary checking	All capabilities enabled	35% drug-drug 34% Drug-allergy Formulary 18% (at point of prescribing)
Maintain up-to-date problem list	80 percent of patients have at least one entry or indication of no problems	84% meet criteria
Generate and transmit e-Rx	At least 75 percent permissible Rx transmitted electronically	60% meet criteria
Maintain active medication and allergy list	80 percent of patients seen have at least one entry or indication of none.	89 % meet criteria for medications 92% meet criteria for allergies
Record demographics	80 percent of patients seen have gender, race, DOB, ethnicity, preferred language, insurance recorded.	Age DOB 97% meet Gender 97% meet Race 57% meet Ethnicity 47% meet Language 45% meet Insurance 95% meet
Record vital signs	80 percent of patients 2+ years have BP and BMI; growth chart for ages 2-20	BP-83% meet BMI-63% meet Chart-58%
Record smoking status	80 percent of patients over 13 seen	62% meet criteria (tobacco use)

Medical Practices (Including Eligible Professionals) – Practice status in meeting selected Meaningful Use Criteria		
Meaningful Use Requirement	**Criteria for Eligible Professionals**	**Status among respondents with HER**
Incorporate test results into HER	50 percent of results expressed as a number or positive/negative. Generate at least one report	76% meet criteria
Generate list of patients with specific conditions	Generate at least one report	88% meet criteria
Report quality measures to CMS and the States	For 2011, capture required data electronically and provide aggregate numerator and denominator by attestation, for 2012 and later, submit electronically	56% using EHR 17% using EHR and paper chart
Send reminders for preventive/follow-up care	Send reminders for preventive/follow-up care to 50 percent of patients age 50+	52% meet criteria 14% send reminders, but for fewer than 50% over 50 years of age
Implement clinical decision support rules related to clinical priority, track compliance	Implement five rules and track compliance	
Check insurance eligibility	Check eligibility electronically for 80 percent patients seen	38% meet criteria (30% check eligibility for fewer than 80% of patients)
Submit claims electronically	File 80 percent of claims electronically	84% meet criteria
Provide patients with their health information on request	80 percent of patients who make the request receive it within 48 hours; test results, problem list, med list, allergies	29% usually provide within 48 hours of request (electronic copy) 59% do not have or do not know if they have this capability.
Provide access to clinical summaries	Clinical summaries provided for 80 percent of office visits	28% meet 20% provide for fewer than 80% of visits

Medical Practices (Including Eligible Professionals) – Practice status in meeting selected Meaningful Use Criteria		
Meaningful Use Requirement	**Criteria for Eligible Professionals**	**Status among respondents with HER**
Provide timely access to new results	10 percent of all patients seen receive access to lab results, problem list, medication and allergy lists within 96 hours of provider receipt	9% meet (electronic access)
Exchange meaningful clinical information with care team	One test of capability to exchange key clinical information	A small percentage of practices routinely exchange electronic data with other providers, hospitals and other care settings
Perform medication reconciliation	Provide at least 80 percent of encounters and care transitions	45% meet criteria (18% for fewer than 80% of encounters and transitions; 37% do not or are not sure)
Provide summary record at transitions in care and referrals	Provide at least 80 percent of encounters and care transitions in care and referral	43% meet criteria (7% for fewer than 80% of transitions or referrals; 51% do not or are not sure)
Information to immunization registries submitted electronically	Capability to submit data to immunization registries and submission where required and accepted (Stage 1-at least one test of electronic submission capability)	4% report sending electronic data to immunization registries electronically

APPENDIX A-11

Footnote: 19

Acute Care Hospitals and Meeting Meaningful Use

In year two of their participation in the Medicaid EHR Incentive Payment Program, hospitals must attest to and electronically submit quality data on a variety of Meaningful Use measures to receive an EHR incentive payment from MaineCare. .

Acute Care Hospitals – Hospital status in meeting selected Meaningful Use Criteria		
Meaningful Use Requirement	**Criteria for Eligible Professionals**	**Status among respondents with HER**
CPOE	10 percent of all orders	Lab orders – 70% meet criteria Radiology – 70% meet criteria Medications– 66% meet criteria Consultation–39% meet criteria Nursing – 65% meet criteria
Drug-drug, drug allergy, drug formulary checking	All capabilities enabled	47% drug-drug 47% Drug-allergy Formulary 20% (at point of prescribing)
Maintain up-to-date problem list	80 percent of patients have at least one entry or indication of no problems	54% meet criteria
Maintain active medication and allergy list	80 percent of patients seen have at least one entry or indication of none	81 % meet criteria for medications 86% meet criteria for allergies
Record demographics	80 percent of patients admitted have gender, race, DOB, ethnicity, preferred language, insurance recorded, and cause of death recorded	Name address contact info. 100% meet Gender and DOB 100% meet Race and ethnicity 86% meet Preferred language 81%meet Insurance 100% meet Cause of death 56% meet

Acute Care Hospitals – Hospital status in meeting selected Meaningful Use Criteria		
Meaningful Use Requirement	**Criteria for Eligible Professionals**	**Status among respondents with HER**
Record vital signs	80 percent of patients 2+ years have BP and BMI; growth chart for ages 2-20	Height, weight, BP - 82% meet criteria Calculate display BMI - 68% meet criteria Growth chart - 43% meet criteria
Incorporate test results into HER	50 percent of results expressed as a number or positive/negative	Of respondents with EHR providing data: Lab. Reports – 100% meet criteria Radiology reports– 100% meet Radiology images – 76% meet Diagnostic test results – 77% Diagnostic test images – 28%
Report quality measures to CMS and the States	For 2011, capture required data electronically and provide aggregate numerator and denominator by attestation, for 2012 and later, submit electronically	To outside Organization 15% using EHR only 74% using EHR and paper chart To Public health agencies 63% (electronically submit)
Implement clinical decision support rules related to clinical priority, track compliance	Implement five rules and track compliance	** (not outlined for Stage 1 of Meaningful Use)
Check insurance eligibility	Check eligibility electronically for 80 percent patients admitted	79% meet criteria 7% check, but for <80%
Submit claims electronically	File 80 percent of claims electronically	96% meet criteria
Provide patients with their health information on request	80 percent of patients who make the request receive it within 48 hours; test results, problem list, med list, allergies, discharge summary, procedures	18% meet criteria 25% provide information but to <80% 57% Do not provide patients

Acute Care Hospitals – Hospital status in meeting selected Meaningful Use Criteria		
Meaningful Use Requirement	**Criteria for Eligible Professionals**	**Status among respondents with HER**
Provide patients with discharge information	80 percent of patients who request it, receive electronic copy of discharge instructions	Medication list – 82% meet Discharge summary – 93% meet
Exchange meaningful clinical information with care team	One test of capability to exchange key clinical information (cannot share EHR)	96% (EHR not specified)
Perform medication reconciliation	Provide at least 80 percent of encounters and care transitions	Nine of the 15 hospitals reporting data on this item meet criteria
Provide summary record at transitions in care and referrals	Provide summary care record at 80 percent of transitions in care and referral	7% meet criteria 18% provide, but for less than 80% percent of transitions/referrals

When asked to select the two most challenging Meaningful Use criteria to achieve, hospitals most frequently selected the following:

- Generate the numerator and denominator data for quality reporting directly from EHR (12 hospitals)
  Perform medication reconciliation across settings of care (10 hospitals)
  Exchange clinical information with other providers (9 hospitals)
  Implement CPOE at the specified level of sophistication (7 hospitals)
- Implement clinical decisions support rules, give patients access to their data in electronic form, and generate problem lists using codified data sets (6 hospitals)
- Meet requirements for all quality reporting measures (1 hospital)
- Submit data to public health agency (1 hospital)

Footnote: 21

Dental Practices Meeting Meaningful Use

The level of dental provider readiness to meet Meaningful Use criteria is difficult to assess, in part, because the terminology used in the draft regulations is not generally used in dental practices. For example, Meaningful Use criteria include several items related to using information to improve quality, safety, efficiency, and reducing health disparities. One of these criteria is that a Computerized Provider Order Entry (CPOE) be used for at last 80 percent of orders. CPOE software is widely available for physician practices and hospitals, but CPOE capabilities are rarely built into PMS/EDRs.

The dental survey data indicate that dental practices with PMS/EDR systems use the systems to record some data that is relevant to the Meaningful Use criteria objectives related to improving quality, safety, and efficiency. Of the dental practices with PMS/EDR, two-thirds of the respondent practices indicated using their systems with more than 80 percent of their patients, to record several data elements included in Meaningful Use criteria.

Dental Practices – Recorded Elements in PMS/EDR System	
Gender and date of birth	100%
Insurance type	100%
Problem lists	53%
Medication lists	54%
Allergy lists	68%
Blood pressure	30%
Smoking status	37%

Seventy-one percent of the practices indicated that they routinely file insurance claims electronically for patients, while only 16 percent met the criteria for routinely checking insurance eligibility electronically. Two-thirds use their systems to send reminders to patients for preventive/follow-up care.

These data show that a minority of dental practices meet the Meaningful Use criteria related to engaging patients in their health care. For example, 30 percent of the respondents with PMS/EDR systems reported providing patients with an electronic copy of their dental information upon request within 48 hours of the request. Nineteen percent of practices with systems reported providing clinical summaries for most of their patients, while 68 percent do not have this functionality in their PMS/EDR system or it is turned off.

APPENDIX B-1

Footnote: 30

MaineCare used guidance provided by CMS in the State Medicaid Directors Letter distributed on September 1, 2009 to create the SMHP "To-Be" Environment Landscape Deliverable. Below is a crosswalk of the CMS guidance and the corresponding SMHP Section:

question Number	CMS Guidance	"To-Be" Landscape Report Section
1.	Looking forward to the next five years, what specific HIT/E goals and objectives does the SMA expect to achieve? Be as specific as possible; e.g., the percentage of eligible providers adopting and meaningfully using certified EHR technology, the extent of access to HIE, etc.	Section B, Parts 1 and 2
2.	What will the SMA's IT system architecture (potentially including the MMIS) look like in five years to support achieving the SMA's long-term goals and objectives? Internet portals? Enterprise Service Bus? Master Patient Index? Record Locater Service?	Section B, Parts 1 and 2
3.	How will Medicaid providers interface with the SMA IT system as it relates to the EHR Incentive Program (registration, reporting of MU data, etc.)?	Section B, Parts 1 and 2
4.	Given what is known about HIE governance structures currently in place, what should be in place by 5 years from now in order to achieve the SMA's HIT/E goals and objectives? While CMS does not expect the SMA to know the specific organizations will be involved, etc., CMS would appreciate a discussion of this in the context of what is missing today that would need to be in place five years from now to ensure EHR adoption and meaningful use of EHR technologies.	Section B, Parts 1 and 2
5.	What specific steps is the SMA planning to take in the next 12 months to encourage provider adoption of certified EHR technology?	Section B, Parts 1 and 2
6.	** If the State has FQHCs with HRSA HIT/EHR funding, how will those resources and experiences be leveraged by the SMA to encourage EHR adoption?	Section B, Parts 1 and 2
7.	How will the SMA assess and/or provide technical assistance to Medicaid providers around adoption and meaningful use of certified EHR technology?	Section B, Parts 1 and 2

APPENDIX B-1

CMS Guidelines Cross Walk

Question Number	CMS Guidance	• "To-Be" Landscape Report Section
8.	** How will the SMA assure that populations with unique needs, such as children, are appropriately addressed by the EHR Incentive Program?	Section B, Parts 1 and 2
9.	If the State included in a description of a HIT-related grant award (or awards) in Section A, to the extent known, how will that grant, or grants, be leveraged for implementing the EHR Incentive Program, e.g. actual grant products, knowledge/lessons learned, stakeholder relationships, governance structures, legal/consent policies and agreements, etc.?	Section B, Parts 1 and 2
10.	Does the SMA anticipate the need for new or State legislation or changes to existing State laws in order to implement the EHR Incentive Program and/or facilitate a successful EHR Incentive Program (e.g. State laws that may restrict the exchange of certain kinds of health information)? Please describe.	Section B, Parts 1 and 2

APPENDIX B-2

Footnote: 31

MaineCare HIT Visioning Session Participants

Below is a complete list of the participants that were invited and/or attended the DHHS Program Director, MaineCare Members, and MaineCare Provider Stakeholder visioning sessions.

DHHS Program Directors Stakeholder Group

DHHS Program Directors Stakeholder Group	Organization
Stephen Meister, M.D.	Maine CDC
Jane Gallivan	Office of Adults with Cognitive and Physical Disabilities Services
Diana Scully	Office of Elder Services
Ron Welch	Office of Adult Mental Health Services
Jay Yoe	Office of Quality Improvement
Joan Smyrski	Office of Children's Services
Denise Brigham	Office of Information Technology
Muriel Littlefield	Commissioners' Office
Sue MacKenzie	DHHS Audit
Jim Lopatosky	Office of Information Technology
Tim Lawrence	DHHS Audit
Cindy Hopkins	Office of Information Technology
Tony Marple	MaineCare
Phil Saucier	Governor's Office of Health Policy and Finance
Rod Prior	MaineCare
Dawn Gallagher	MaineCare
James Beougher	Office of Children and Family Services
Guy Cousins	Office of Substance Abuse
Herb Downs	Commissioners' Office
Barbara VanBurgel	Office of Integrated Access and Support
Marya Faust	Office of Adult Mental Health Services
Catherine Cobb	Commissioners' Office
Sally Fingar	Deloitte Consulting LLP
Laura Lisien	Deloitte Consulting LLP

APPENDIX B-2

MaineCare Member Stakeholder Group

MaineCare Member Stakeholder Group	Organization
Kait Bragdon-Roe	MaineCare Member
Rose Strout	MaineCare Member
Jess Vear	MaineCare Member
David McCluskey	Community Care
Marcia Cooper	Brain Injury Information Network
Leo Delicata	Legal Services for the Elderly
Misty Marston	Legal Services for the Elderly
Andrea Irwin	Consumers for Affordable Health Care
Lisa Webber	Consumers for Affordable Health Care
Helen Bailey	Disability Rights Center
Kim Moody	Disability Rights Center
Julia Bell	Maine Developmental Disabilities Council
Barbara Rankin	Maine Association of Interdependent Neighborhoods
Jim Leonard	Office of the State Coordinator
Phil Saucier	Governor's Office of Health Policy and Finance
Matt Twomey	HIV Advisory Committee
Tony Marple	MaineCare
Rod Prior	MaineCare
Sarah Stewart	MaineCare
Jim Lopatosky	Office of Information Technology
Cindy Hopkins	Office of Information Technology
Denise Brigham	Office of Information Technology
Jaye Martin	Legal Services for the Elderly
Anne Smith	Legal Services for the Elderly
Jamie D'Errico	Consumers for Affordable Health Care
Ana Hicks	Maine Equal Justice Partners
Jack Comart	Maine Equal Justice Partners
Chris Hastedt	Maine Equal Justice Partners
Carol Coruthers	National Alliance for Mentally Ill (NAMI)
Nikki McLean	MaineCare Member
Marina Thibeau	Office of Legal Affairs
Stefanie Nadeau	MaineCare
Dawn Gallagher	MaineCare
Sally Fingar	Deloitte Consulting LLP
Laura Lisien	Deloitte Consulting LLP

APPENDIX B-2

OIT Stakeholder Group

OIT Stakeholder Group	Organization
Jim Lopatosky	Office of Information Technology
Cindy Hopkins	Office of Information Technology
Denise Brigham	Office of Information Technology
Jim Leonard	Office of the State Coordinator
Phil Lindley	ConnectME Authority
Lisa Tuttle	Commissioner's Office - Finance
Stefanie Nadeau	MaineCare
Dawn Gallagher	MaineCare
Rod Prior, MD	MaineCare
Ben Laflin	MaineCare
Aimee Campbell-O'Conner	MaineCare
Sally Fingar	Deloitte Consulting LLP
Mary Sheridan	Deloitte Consulting LLP
Susan Cobb	Deloitte Consulting LLP

MaineCare Provider Stakeholder Group

MaineCare Provider Stakeholder Group	Organization
Daniel Burgess	Maine General Health
Josh Cutler, MD	Dirigo Health
Lori Geiger	CBHS
Ralph Johnson	Franklin Memorial Hospital
Laurie Kane-Lewis	DFD Russell Medical Centers
Robert Kohl	Maine Primary Care Association
Kevin Lewis	Maine Primary Care Association
John Yindra, MD	DFD Russell Medical Centers
David Silsbee	Cary Medical Center
Steven Thebarge	Dorthea Dix & Riverview State Hospitals
Donald Krause, MD	St. Joseph Hospital
Lawrence, Legutko	
Sandra Yarmal	Pleasant Point Health Center

MaineCare Provider Stakeholder Group (contd)

MaineCare Provider Stakeholder Group	Organization
Patricia Knox-Nicola	Penobscot Nation Health Department
Martha Elbaum-Williamson	Muskie Institute
Charles Dwyer	DHHS
Robin Chacon	MaineCare
Benjamin Laflin	MaineCare
Tim Lawrence	Commissioner's Office- Audit
Sue MacKenzie	Commissioner's Office- Audit
Jim Leonard	Office of the State Coordinator
Rod Prior	MaineCare
Dawn Gallagher	MaineCare
Stefanie Nadeau	MaineCare
Denise Brigham	Office of Information Technology
Shelly Drew, BSN	Millinocket Regional Hospital
Catherine Bruno	Eastern Maine Health care Systems
Tanya Freeman	Central Maine Health care
Barry Blumenfeld	MaineHealth
Jeff Aalberg, MD	MMC Family Medicine
Jane Pringle, MD	Internal Medicine Clinic
Patrice Thibodeau, MD	MMC Internal Medicine/Pediatric Clinic
Debra Pyle	MMC Outpatient Department
Paul Klainer	
Patrick Douglas	
Andy Cook	
Ralph Swain	
Andrea Hanson	Indian Township Health Center
Ann Stevens	Houlton Band of Maliseet Indians Health Department
John Ouellette	Micmac Service Unit , Indian Health Service
Perry Ciszewski	IHS/ NAS
Stephen Meister, MD	Maine CDC
Terry Sandusky	OACPDS

APPENDIX B-2

MaineCare Provider Stakeholder Group (contd)

MaineCare Provider Stakeholder Group	Organization
Diana Scully	Office of Elder Services
Ron Welch	OAMHS
Jay Yoe	Office of Quality Improvement
Joan Smyrski	Office of Children's Services
James Beougher	OCFS
Jim Lopatosky	Associate CIO
Cindy Hopkins	DHHS Director of Applications
Barbara VanBurgel	OIAS
Marya Faust	OAMHS
Catherine Cobb	Commissioner's Office/Department of Licensing and Regulatory Services
Guy Cousins	OSA
Herb Downs	Commissioner's Office- Audit
Phil Saucier	Governor's Office of Health Policy and Finance
Russel Begin	Finance
Geoffrey Green	Commissioner's Office- Operations
Muriel Littlefield	Commissioner's Office
Dora Anne Mills	Maine CDC
David Hellmuth	Commissioner's Office- Audit
Marc Fecteau	Commissioner's Office- Audit
Dev Culver	HealthInfoNet
Shaun Alfreds	HealthInfoNet
Tony Marple	MaineCare
Andy Coburn	Muskie Institute
Sally Fingar	Deloitte Consulting LLP
Laura Lisien	Deloitte Consulting LLP

APPENDIX B-2

MaineCare HIT Visioning Session Outcomes

Below is a complete list of the visioning statements that were discussed by the DHHS Program Director, MaineCare members, and MaineCare provider stakeholder groups during the visioning sessions MaineCare conducted throughout Spring 2010.

Stakeholder Group	Vision Category	Vision Session Outcomes
MaineCare Providers	Governance	The HIE and HIT governance structure and steering committees should be used to develop collaborative governance at the State, private sectors and public levels.
	Data Standardization	To achieve Meaningful Use, providers will need to capture and enter compliant data into their EHR. Some providers may find it challenging to capture the type of data necessary under Meaningful Use.
	Participation in the HIE Data Exchange	One of the State's shortcomings is the lack of participation of FQHCs in the State's HIE. The State's goal is to have all of the FQHCs participate with the HIE.
	Systems Interoperability	Q: What can MaineCare be doing that they are not already doing to help the provider community? A: MaineCare can do the following to help the provider community: • Provide the ability for providers to access information for the purposes of research, determining patterns of care, and evaluating cost. Participants also discussed having access to claims data available to do population analysis by disease classification, region, utilization of services, etc. • Assist providers with a better way to access IMMPACT to avoid double entry of patient information • Improve the utilization of IMMPACT. It is estimated that only 40% of the providers participate in the registry today. One of the reasons for low participation is IMMPACT's algorithm which is presents challenges for EHR systems to accept its data logic • Improve electronic access to immunization records. The Maine CDC may not have accurate patient immunization information. A recommendation was made for the State to utilize the HIE to store all vaccination information • Provide a central location for infection control and prevention information through the HIE. • Integrate Indian Health Services (IHS) data into the

Stakeholder Group	Vision Category	Vision Session Outcomes
		• State systems to allow for sharing of information. IHS is developing a HL7 interface to facilitate the exchange of information • Improve access to insurance verification. Insurance verification is an administrative burden especially when additional staff is hired to specifically focus on insurance verification via the phone. MaineCare is working to map insurance information to the HIE with the goal to eliminate the need to contract with external vendors and clearinghouses to conduct insurance verification • Reassess physician Medicaid reimbursement. Attendees commented that the current Medicaid reimbursement does not take into consideration the amount of time needed to capture data for Meaningful Use and the impact it has on patient volume
	Comprehensive Data Exchange	An area that presents a particular challenge for providers is managing care between behavioral health services and acute care facilities. HITECH requires acute care hospitals to implement certified EHRs that have the ability to exchange patient information between entities. However, mental health, substance abuse, long-term care and nursing facilities are excluded from HITECH and are excluded from the interoperability requirement. The exchange of patient information can be an issue when there are multiple entities providing care. The health data exchanged should include all health information, including mental health, substance abuse, long-term care, and HIV data.
	Legislation	Providers would like legislation in place to lessen their liability for a consumer's release (or non-release) of personal health information needed to provide health care services.
	Communication, Education and Outreach	Providers would like the State to help in outlining and reviewing the final rule once available. Assisting providers in understanding the ARRA/HITECH Meaningful Use incentive payments and eligibility requirements should be a joint responsibility between MaineCare and the REC.
	Communication, Education and Outreach	The SMHP should include a robust plan to help providers in adopting EHR technologies, as a major issue for MaineCare providers is widespread adoption of the technology.
	Communication, Education and	The State should encourage hospitals and/or physicians to share patient information. To do so, the

Stakeholder Group	Vision Category	Vision Session Outcomes
	Outreach	State will need to develop communication strategies to gain the trust of the hospitals and providers. A strong communication effort will be needed to illustrate the benefits in engaging in the sharing of secure patient information.
MaineCare Members	Comprehensive Data Exchange	Members would like all health information to be included in EHRs, including mental health, substance abuse and HIV-related drugs. • The Attorney General (AG) has recommended that all classes of psychoactive medications be removed from the filled prescription information which Goold Health System, Maine's current PBM, is releasing each week to the HIE. Furthermore, mental health, substance abuse, and long-term care providers are not included in the eligibility requirements for the EHR Incentive Program • Members believe that all drugs should be reported to allow for the most comprehensive and informed care possible by providers. However, there needs to be stringent security and privacy controls around the data to protect the consumer • The exclusion of mental health drugs in order to prevent discrimination is understandable, but it may adversely impact the consumer and still result in discrimination • The member community generally feels disappointment that mental health and HIV data is not included in reporting requirements. They feel disappointment because if mental health, substance abuse and long-term care providers are not included in the EHR Incentive Program then the benefits of HIT may not be fully realized
	Access to Personal Health Information	Members believe that HIT should be accessible and affordable to all consumers. • Some members may not have access to computers or cannot afford access to their records (in the case where there is a fee to access medical records). In the development of policies and HIT plans, this should be considered and alternative means to obtaining and sharing data, especially at the individual level, need to be developed • The medical costs that are being saved as a result of HIT should, at least in part, go towards providing technology or alternative paper-based means of obtaining health records for those who do not have

Stakeholder Group	Vision Category	Vision Session Outcomes
		access to technology
	Access to HIT	Access to HIT should be timely, easy and complete, especially in emergency situations. • A method to handle emergency care situations needs to be included in the SMHP (i.e., “Break the Glass”) • A card that members swipe at the point of care (like their MaineCare member card) would work in addition to the traditional HIE/internet access • Another option is to provide consumers with USB storage drives containing their EHRs • Language, cultural and disability barriers need to be examined and considered when developing a plan for HIT
	Other Potential Uses for HIT	HIT can be used to send text messaging by providers to certain populations. (e.g., expectant mothers or those with high cholesterol) reminding the member of the proper care or a reminder to go see their doctor. MaineCare should coordinate with the provider community to make this happen.
	Privacy and Security	Members should have the ultimate choice, via an opt-in/opt-out policy, in sharing their health information. Reasons for having opt-in options for MaineCare members include: • The ability for providers and consumers to coordinate medications • The ability for consumers to access metrics around their care (e.g., for mental health care that is regulated, consumers may be able to login and see how many visits they have left) • Not all members would opt-in, but they should at least be given the choice • Access to clinical quality measures, x-rays and tests should be included in EHRs and consumers should also be allowed to decide whether or not to share this information via a opt-in/opt-out mechanism • Opt-in/Opt-out choices should be made available for the HIE as a whole and at a more granular level allowing consumers to opt-in or opt-out portions of their health information • Additional assurances/policies also need to be in

Stakeholder Group	Vision Category	Vision Session Outcomes
		place to ensure that discrimination will not occur as a result of one's opt-in/opt-out choice
	Privacy and Security	Members would like the ultimate choice for deciding access rights and control over their health information, including mental health, HIV and substance abuse information. • Members should have ultimate control, ownership and access to all of their health information in EHRs. However, technology should still be developed to allow robust data sharing as the benefits for care coordination and reduced medical costs are significant • It should not be only an opt-in/opt-out choice that is granted to consumers, but also an ability to deny or grant access rights • The opt-in/opt-out policies that are developed to protect the consumer/member should not be a mechanism to deny care if incomplete information is provided or if the consumer decides to opt-out • Members should also have access to their medical records to help identify and correct errors that medical records sometimes contain
	Privacy and Security	Adequate security and privacy controls need to be in place at all levels of HIT and HIEs. • There are 3 levels of health information that all need to be coordinated and have the right level of security and privacy in place: 1. Personal health information that is currently collected electronically and via paper based methods represents an individual's medical history. This should be the most restrictive in terms of access and security and privacy controls. The consumer/individual should have ultimate control over the use and access of this information. 2. General health information that is found in medical records and is shared among providers. Security and privacy controls must be in place for general medical record information that is controlled by providers. Use of this data should

Stakeholder Group	Vision Category	Vision Session Outcomes
		be used for decision-making purposes and so that providers may better coordinate care. Since personally identifiable information is still linked to this data, however, the consumer should have the choice as to what information is shared and who has access to it. 3. Population health information that is collected and exchanged via an HIE. Other agencies may have access to this information and will be used for trending and analysis of general population health. Access to this information may be less restrictive as the personally identifiable information is not tied to this data.
	Legislation	Legislation around mental health and HIV data need to be updated. The laws are general and allow for many interpretations, but they are still outdated and do not necessarily reflect the needs and wants from those that the law is supposed to protect- especially in the case of allowing Mental Health and HIV data to be shared.
	Communication, Education and Outreach	HIT education, especially around EHRs and personal health information, should come from the State so that consumers may make the choice on whether or not to opt-in or opt-out their health information in an informed manner.
	Communication, Education and Outreach	Members would like to be an active voice in the planning and implementation of HIT and the HIE. Member voices should be heard directly, not by third parties acting on the behalf of members. • MaineCare wants active participation from members and will plan future sessions that will involve their attendance • OSC Steering Committee team meetings are held on a monthly basis and welcomes member participation
DHHS Program Directors	Interoperability	While the incentive payments are attached to eligible health care providers, the HIT vision should not be limited to only those outlined as eligible professionals and hospitals. Program directors believe that they have a collective job to better connect our systems, applications and data to

Stakeholder Group	Vision Category	Vision Session Outcomes
		benefit ***all*** health care workers, including case workers, behavioral health, long-term care and other professionals not included in the proposed/final rule.
	Interoperability	Implementing a secure email system among all providers to aid in the exchange of clinical information and in the decision making process is a high priority for DHHS programs. • The systems that are servicing adult services are often built in a single system. Providers can share clinical and patient information using email. However, the email system is often not available. Program directors would like to see a secure email system among all providers. There is a risk of having incomplete information if this is implemented across only a subset of providers, such as only those eligible for incentive payments
	Interoperability	Having a single portal for providers to obtain HIT information is a high-priority goal. • In provider practices, there are many third party payers & providers who may have different systems. In order to consolidate and streamline HIT and the EHR Incentive Program, state systems can be leveraged, such as the HIE, MIHMS, and others, to provide a single repository and point of contact for HIT data, information, and the EHR incentive payment program
	Interoperability	Maine's MMIS system, MIHMS, may be leveraged by providers to obtain clinical information. • Currently, MIHMS may only be accessed by MaineCare. However, the system is capable, with some modification, of producing reports containing some clinical information which may be accessed by providers. Robust system access and security will need to be put into place to make this happen
	Interoperability	DHHS Adult Services Program Directors want their members to be on a comprehensive wellness path. • Making sure patients receive comprehensive services is of critical importance to us. Currently, this is a challenge given the multiple systems and

Stakeholder Group	Vision Category	Vision Session Outcomes
		reports that case managers have to navigate in order to obtain the clinical information they need to manage member health care • Pharmacy is another example of manual process that is less than adequate. Case managers often do not know the health-related outcomes due to lack of coordinated technology
	Interoperability	Coordination and data exchange between disparate systems is a critical element to the State's HIT vision. • Access to data and information is the primary need, the technology and infrastructure of data is a secondary need • Currently, program directors do not have access to certain information needed to effectively manage programs. Program directors would like to have access to certain patient data for coordination of care. Presently the lack of coordination between disparate systems causes a lot of work inefficiencies, which ultimately places a burden on the staff. Program directors feel that having access to integrated technology systems will ultimately improve their ability to address member needs
	Access to Data	Having the ability to process data rapidly is a top priority. • There are certain routine data queries that one can be given access to within a technology system. In order to receive data in a timely manner, these systems can be leveraged to obtain aggregated data • Having the ability to process and access data rapidly is critical for program directors. This becomes apparent in the instances when members need emergency care. When members visit the emergency room, it is imperative that case managers, and even the patients themselves, have the ability to access their data within various HIT systems, so that care and medications can be coordinated rapidly, especially in life or death situations

Stakeholder Group	Vision Category	Vision Session Outcomes
	Other Potential Uses for HIT	A potential future use of HIT is to use it as a vehicle for early health screening and intervention. • Some members, with both physical and mental health issues, have a higher mortality rate. This raises a question of how HIT can be used as a vehicle to establish criteria for an early intervention system. When health care intervention occurs, health care costs go down as well as mental health issues. So using HIT as an early screening and intervention vehicle needs to be an important part in the future uses of health care technology
	Other Potential Uses for HIT	HIT may be leveraged to facilitate longitudinal health care relationships in order to better meet the comprehensive care needs of our members. • If a patient has heart disease in addition to mental health problems, it is critical for providers to coordinate care so that each ailment is treated and addressed. Patients need a medical home which will coordinate this care. For some people, a Primary Care Physician (PCP) may not be needed. A mental health organization may be better able to provide coordination of care in a longitudinal manner. HIT will be a critical tool used by those providers coordinating comprehensive care for MaineCare providers
	Systems Integration	Clinical care summaries are a critical aspect of HIT that DHHS would like to implement. • Program Directors would like access to critical care summaries that includes information regarding medications and interactions between PCP and specialist. Duplication of medications and drug interactions is a large concern and clinical care summaries would help in managing programs • Clinical care summaries will also help to prevent “doctor shopping”
	Security and Privacy	The EHR incentive payment program and all other HIT initiatives need robust security and privacy policies and controls. • With mental health, HIV, substance abuse and

Stakeholder Group	Vision Category	Vision Session Outcomes
		other protected groups, there are legal considerations that need to be reviewed. Data privacy statutes need to be reviewed and even modified. For instance, mental health does not share information in state systems as there is strict control of the member data. There are Federal laws and certain groups which are protected. Members and providers would like these restrictions lifted, with robust security and privacy policies in place, so that they may benefit from care coordination that is offered through HIT
	Communication, Education and Outreach	MaineCare should work collaboratively with providers to answer their pertinent questions. The state will leverage its website and existing email systems to communicate and educate providers on the EHR incentive payment program and other HIT initiatives.
	HIT Initiative Coordination	Planning and coordination among all HIT initiatives and grant funding is of critical importance. • In the case where current grants are dependent upon technology, there may be an opportunity for thorough planning to ensure coordination between HIT planning and the ongoing grant-related technology projects in order to aid in transparency
	HIT Initiative Coordination	Coordination of program initiatives and funding is imperative as DHHS begins planning for HIT and the EHR Incentive Program. • There are many initiatives, including ICD-10, MIHMS and PBM that are happening concurrently. MaineCare is making a conscious effort to coordinate these endeavors. However, there is no global strategy to connect all of these initiatives. Part of the SMHP will be to coordinate all health care technology initiatives in each of the DHHS offices so work efforts are not duplicated
	HIT Initiative Coordination	Coordination with the REC and HIN is critical to DHHS' success in administering the EHR Incentive Program and encouraging the adoption of HIT. • The REC is responsible for assisting providers

Stakeholder Group	Vision Category	Vision Session Outcomes
		with Meaningful Use and technical assistance. They are also playing a large role in communication, education and outreach efforts. Coordination between the REC and MaineCare is crucial to administering the EHR Incentive Program and to the success of HIE
OIT	HIT Initiative Coordination	• OIT plans to allocate 80% of their HIT resources to DHHS and 20% to other statewide needs • Jim Lopatosky explained he believes OITs responsibilities for the HIT projects falls within the 'technology behind the scenes,' identifying systems associated with HIT, statewide system capability assessment and implementation, revision of duplicative systems and consolidations of those systems, and development of solutions for security and privacy issues within health information exchange • OIT has expressed the need to know exactly what the State of Maine wants to accomplish within the planned roll-out phases for both Medicaid and statewide initiatives • OIT is working on ways to integrate additional systems into MIHMS; this is a culture change- trying to combine data across systems and possibly have fewer systems eventually, but at least have them dump info into a central place- there are 300+ systems with data about an individual across the state Broadband Capacity in the State of Maine: • The Broadband program is a 5 year, Federally funded grant program designed to help enhance and develop the State of Maine's broadband capacity • The State of Maine has received grant funding for 'As-Is' Landscape Assessment by mapping and planning for implementation of broadband in the most needed areas of the state • Phil Lindley, representative of ConnectME Authority's Broadband program, has drafted a map of Maine indicating areas of capacity weakness in the State. He also has access to a list of all grant applicants, and grant recipients

Stakeholder Group	Vision Category	Vision Session Outcomes
		which includes their locations • Jim Leonard stressed the importance of contacting and evaluating priority providers ability to implement EHR, since the time frame for HIT incentive payments is limited; noting tribes have a separate process to get funds • Phil Lindley informed the group that the Broadband program has included HIT within their RFP document Concerns/Next Steps: • Cindy Hopkins (OIT) stated groups making decisions without consulting other state organizations who are impacted has been a problem in the past ("silos") • Lisa Tuttle (Commissioner's Office – Finance) stated we need to consider the interactions of future Health care Reform initiatives as the groups HIT planning process continues to move forward • Jim Lopatosky (OIT) suggested less focus on the MaineCare (Medicaid) HIT Incentive Programs; and considering other State needs for coordinated information such as public health functions
	Infrastructure and Systems	OIT's Infrastructure and Systems Vision: • DHHS services are client-centered and enable common information to be shared • Operating costs are reduced by eliminating the duplication of business functions and data and their associated maintenance efforts • Management of confidential and privileged data is enhanced by instituting standardized controls that limit access to authorized individuals and maintain audit trails of access and changes • One of the highest priority areas for potential sharing within DHHS is the need for 'Common Individual Identifiers' OIT's Infrastructure and Systems Principles: • Significant classes of data that are used across multiple applications are collected and managed as a common asset rather than duplicated in

Stakeholder Group	Vision Category	Vision Session Outcomes
		each application • Each class of shared data has a designated "authoritative source" application or service that is the reference point for current data, change histories and audit trails • Rather than making copies or directly accessing shared data, the preferred way to access shared data is through service modules that enforce the use of standardized business logic and access controls • Shared business functions and data have documented standards for names, syntax, content and meaning. DHHS standards are based on national standards wherever they exist • Shared data and services are managed to provide quality (correctness), timeliness and on-going improvements in behalf of other applications and business functions that use them • The group agreed that developing a Master Provider Index (MPI) will be needed as the HIT project moves forward --- a) need for analytics to show performance b) need to credential "staff" as Providers c) how to handle 'a-typical' providers **NOTE**: Cindy Hopkins discussed the need for group collaboration on establishing a core set of 'operating principles'

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives

MaineCare HIT Initiative
Weekly Status Report

Week of: 1/24/2011 – 1/28/2011

Week of: 1/24/2011 – 1/28/2011

MaineCare HIT Initiative

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives

Overall Status:

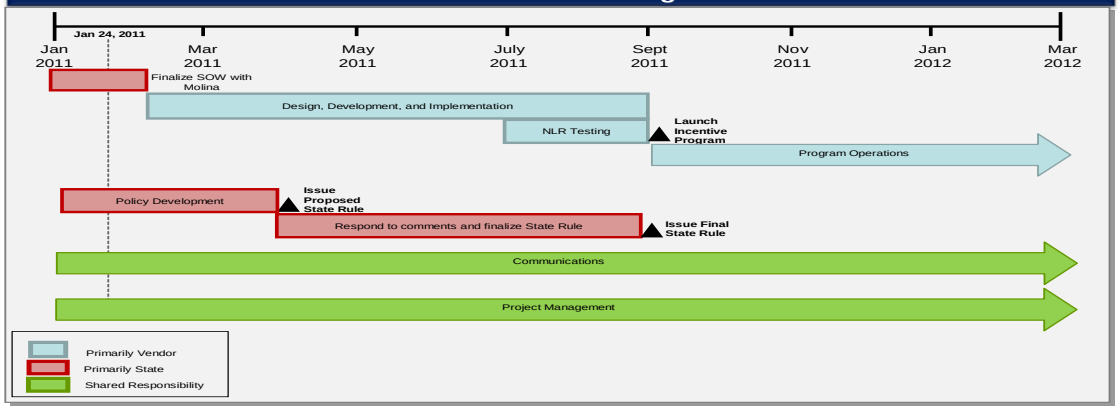
Status Summary

- Awaiting SOW/change order response from Molina
- Awaiting approval of SMHP from CMS
- Finalizing recent communications about the MaineCare EHR Incentive Program including:
  - "Core" EHR Incentive Program Presentation
  - Internal talking points slide
  - 2nd email packet to provider associations
  - Presentation for 2/4 MeHAF Policy Leaders' Academy
  - HIT website

Risks / Issues

- Need completed SOW/change order response from Molina to complete the IAPD, secure implementation funds, and proceed with implementation. Molina's timeline must align to and support key CMS testing dates.
- Need to finalize key messages to ensure consistent communication to all stakeholders about the MaineCare EHR Incentive Program

MaineCare EHR Incentive Program Timeline



Upcoming Activities

Description	Date
Submit CMS Monthly Report	1/31/2011
Revise and finalize key communications materials	2/4/2011
Receive and finalize SOW with Molina	2/9/2011
Submit IAPD to CMS	2/11/2011

Upcoming Key Meetings

Name	Purpose	Date
MeHAF Policy Leaders' Academy	An overview of the MaineCare EHR Incentive Program to legislators	2/4/2011
Quality Counts "Ask the Experts" HIT Roundtable Webinar	Answer provider's questions about the MaineCare EHR Incentive Program	2/10/2011
Maine Osteopathic Association Winter Conference	Present information about the MaineCare EHR Incentive Program to providers	2/11/2011 – 2/13/2011
MPCA Monthly Board Meeting	Present information about the MaineCare EHR Incentive Program to providers	2/15/2011

1

Week of: 1/24/2011 – 1/28/2011 **MaineCare HIT Initiative: Implementation**

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives

Overall Status

On Track
Off Track: Potential Impact to Milestone
Off Track: Impact to Milestone
Complete

Key Escalation Issues

Accomplishments / Activities

Key Accomplishments (Over Last Week)	Key Upcoming Activities (This Week)
• Scheduled meeting with DHHS Policy Team on 2/2 to discuss new policy development timeframe • Scheduled meeting with David Guiney (CMS) on 2/2 to discuss feedback on the SMHP	• Receive and review SOW/change order response from Molina • Follow up with David Guiney on the status of the SMHP and the patient volume methodology • Meet with policy group to discuss progress on drafting a state rule

Key Meetings

Recent Interactions (Over Last Week)	Scheduled Interactions (This Week)
• Spoke with CMS and the State of Kentucky to discuss the hospital incentive payment calculation	• Call with David Guiney (CMS) – 2/2 • Meeting with OMS policy group – 2/2

Milestones

Key Milestones	Start	Finish	Status
Revise SMHP and resubmit to CMS	12/14/2010	1/18/2011	
Submit CMS Monthly Report	1/26/2011	1/31/2011	
Receive, respond, and finalize SOW from Molina	~~1/25/2011~~ 2/2/2011	2/9/2011	
Revise and submit IAPD to CMS for approval and funding	2/2/2011	~~2/4/2011~~ 2/11/2011	
Design, Development, and Implementation	3/1/11	9/1/11	
NLR Testing	7/1/11	8/26/11	
Program Operations	9/1/11		

Risks / Issues

Risk / Issue	Resolution Strategy
Need completed SOW/change order response from Molina to complete the IAPD, secure implementation funds, and meet the program launch timeline	Continue to follow up with Molina on delivery of the SOW.

2

Week of: 1/24/2011 – 1/28/2011 **MaineCare HIT Initiative: Communications**

Overall Status

Key Escalation Issues

Accomplishments / Activities

Key Accomplishments (Over Last Week)	Key Upcoming Activities (This Week)
• Revised the "core" presentation and internal talking points document • Revised materials for Provider Association 2nd follow up email • Finalizing revisions to the HIT website • Coordinated communications with the HIN/MEREC	• Finalize the "core" presentation and internal talking points document • Draft and finalize presentation for 2/4 MeHAF Policy Leaders Academy meeting • Finalize and send materials for the Provider Association 2nd follow up email • Post revisions to the HIT website

Key Meetings

Recent Interactions (Over Last Week)	Scheduled Interactions (This Week)
• Biweekly communications meeting with Sarah Stewart and Dawn Gallagher • HIT website meeting with Shannon Martin and Linda Riddell	• Communications Coordination call with MaineCare and the MEREC – 1/31 • Presentation at MeHAF Policy Leaders Academy- 2/4

On Track

Off Track: Potential Impact to Milestone

Off Track: Impact to Milestone

Complete

Milestones

Key Milestones	Start	Finish	Status
Complete communications plan and schedule	1/10/11	1/18/2011	
Finalize "core" presentation and internal talking points document	1/12/11	~~1/28/2011~~ 2/2/2011	
Prepare materials for MeHAF Policy Leaders Academy	1/18/2011	2/2/2011	
Finalize and send materials for Provider Association 2nd follow up email	1/12/11	~~1/28/2011~~ 2/4/2011	
Finalize and publish HIT website updates	1/15/11	2/4/2011	
Prepare materials for MQC webinar	1/31/2011	2/9/2011	

Risks / Issues

Risk / Issue	Resolution Strategy

3

APPENDIX B-3

PROJECT CALENDAR

Monday	Tuesday	Wednesday	Thursday	Friday
4/11	4/12	4/13	4/14	4/15
(E) CMS Communities of Practice Webinar (Topic: SMHP and IAPD), 3 - 4pm		(E) ONC HIT Policy Committee Meeting, 10am - 3pm	(E) MQC- Health IT Roundtable "Ask the Experts" Webinar, 12 - 1 pm	
4/18 State Holiday - Patriot's Day	4/19 State Shutdown Day	4/20	4/21	4/22
(E) CMS HITECH All State Call (Topic: TBD), 1 - 2pm (E) CMS Communities of Practice Webinar (Topic: Regional Collaborative), 3 - 4pm		(E) ONC HIT Standards Committee Meeting, 9am - 3pm		
4/25	4/26	4/27	4/28	4/29
(E) CMS Communities of Practice Webinar (Topic: Auditing), 3 - 4pm				

APPENDIX B-3

PROJECT CALENDAR

5/2	**5/3**	**5/4**	**5/5**	**5/6**
(E) CMS HITECH All State Call (Topic: TBD), 1 - 2pm **(E) CMS Communities of Practice Webinar (Topic: Meaningful Use), 3 - 4pm**				
5/9	**5/10**	**5/11**	**5/12**	**5/13**
(E) CMS Communities of Practice Webinar (Topic: SMHP and IAPD), 3 - 4pm	**NEW REC Franklin Memorial 1:30 - 5:30**	**(E) ONC HIT Policy Committee Meeting, 10am - 3pm**	**(E) MQC- Health IT Roundtable "Ask the Experts" Webinar, 12 - 1 pm**	
		NEW REC Mt. Desert Hospital 2-6		
5/16	**5/17**	**5/18**	**5/19**	**5/20**
(E) CMS HITECH All State Call (Topic: TBD), 1 - 2pm **(E) CMS Communities of Practice Webinar (Topic: Regional Collaborative), 3 - 4pm**		**(E) ONC HIT Standards Committee Meeting, 9am - 3pm**		

PROJECT CALENDAR

5/23	**5/24**	**5/25**	**5/26**	**5/27** State Shutdown Day
	(E) Third Annual CMS Multi-State Medicaid HITECH Conference, Baltimore, MD	(E) Third Annual CMS Multi-State Medicaid HITECH Conference, Baltimore, MD	(E) Third Annual CMS Multi-State Medicaid HITECH Conference, Baltimore, MD	
		NEW REC Mayo Hospital 2-6		
5/30 State Holiday - Memorial Day	**5/31**	**6/1**	**6/2**	**6/3**
(E) CMS HITECH All State Call (Topic: TBD), 1 - 2pm (E) CMS Communities of Practice Webinar (Topic: Auditing), 3 - 4pm		NEW REC Goodall Hos. 2-6		
6/6 (E) MaineCare MEREC EHR Incentive Program Communications Coordination Meeting, 4 - 5pm	**6/7**	**6/8**	**6/9**	**6/10**

APPENDIX B-3

PROJECT CALENDAR

(E) CMS Communities of Practice Webinar (Topic: Meaningful Use), 3 - 4pm		**(E) ONC HIT Policy Committee Meeting, 10am - 3pm**	**(E) MQC- Health IT Roundtable "Ask the Experts" Webinar, 12 - 1 pm**	
6/13	**6/14**	**6/15**	**6/16**	**6/17**
(E) CMS HITECH All State Call (Topic: TBD), 1 - 2pm(E) CMS Communities of Practice Webinar (Topic: SMHP and IAPD), 3 - 4pm				
6/20	**6/21**	**6/22**	**6/23**	**6/24**
(E) CMS Communities of Practice Webinar (Topic: Regional Collaborative), 3 - 4pm		**(E) ONC HIT Standards Committee Meeting, 9am - 3pm**		
6/27	**6/28**	**6/29**	**6/30**	**7/1**

PROJECT CALENDAR

(E) CMS HITECH All State Call (Topic: TBD), 1 - 2pm **(E) CMS Communities of Practice Webinar (Topic: Auditing), 3 - 4pm**				
7/4 State Holiday - Independence Day	**7/5**	**7/6**	**7/7**	**7/8**
		(E) ONC HIT Policy Committee Meeting, 10am - 3pm		

MaineCare's EHR Incentive Program:
External Communications Schedule

JANUARY, 2011

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
01	Conference Call: Center for Medicare and Medicaid Services (CMS) HITECH Call	First Medicaid EHR Incentive Payments and Other Topics	1/10/2011	1/10/2011	Participant	State Medicaid Agencies	(a) The first week of registration for Medicaid EHR Incentive Programs and the first incentive payments (b) Federal funds for health IT planning activities vs. federal funds for health IT implementation activities (c) The CMS contractor providing technical assistance to the States around their incentive programs	CMS	CMS
02	Email: Email to Provider Associations, Part 1	Provider Association Meeting Follow-up, Part 1	1/11/2011	1/13/2011	Written	Provider Associations	"Thank you" for feedback on communications planning; Patient Volume Calculation information and letter of support; Feedback on spreadsheet to identify potentially eligible providers	Deloitte HIT Team	Tony Marple
03	Webinar: Maine Quality Counts (MQC) Webinar: "Health IT Roundtable 'Ask the Experts' Webinar, Part 1"	Program Requirements	1/13/2011	1/13/2011	Participant	Provider Associations MaineCare Providers Other interested parties	Share information about EHRs, Meaningful Use, and the EHR Incentive Program	MQC and Maine Regional Extension Center (MEREC)	MQC and MEREC
04	Forum: TBD: CMS 50-50-50 Event	CMS' Project Status and Success Stories	1/13/2011	TBD	Participant	State Medicaid Agencies Providers Other interested parties	Share information on the status of CMS' EHR Incentive Program and success stories thus far	CMS	CMS

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
05	Forum: TBD: Registration & Program Highlights preview for States, ROs and internal CMS	CMS' Project Status and Success Stories	1/18/2011 - 1/19/2011	TBD	Participant	State Medicaid Agencies CMS Regional Offices (RO) Providers Other interested parties	Share information on the status of CMS' EHR Incentive Program and success stories thus far	CMS	CMS
06	Meeting: MaineCare EHR Incentive Program Communications Workgroup Meeting	MaineCare EHR Incentive Program Communications Workgroup Session	1/19/2011	N/A	Representative	INTERNAL: DHHS, MaineCare Services; HIT Team	Review key EHR Incentive Program Topics: (a) Communications schedule (b) Internal documents (c) Packet for providers (d) HIT website	N/A	N/A
07	Email: Email to Provider Associations, Part 2	Provider Association Meeting Follow-up, Part 2	1/21/2011 1/28/2011 2/4/2011 2/11/2011 2/25/2011	2/25/2011	Written	Provider Associations	Notification about CMS change to NAAC; EHR Incentive Program fact sheet for distribution; MaineCare Provider 'Quick Reference Guide'	Deloitte HIT Team	Sarah Stewart
08	Meeting: MaineCare EHR Incentive Program Communications Workgroup Meeting	MaineCare EHR Incentive Program Communications Workgroup Session	1/24/2011	1/24/2011	Representative	INTERNAL: DHHS, MaineCare Services; HIT Team	Provide updates on EHR Incentive Program communication activities and discuss upcoming communications and events	N/A	N/A
09	Conference Call: CMS HITECH Call	Lessons learned	1/24/2011	1/24/2011	Participant	State Medicaid Agencies	Lessons learned from the first Medicaid EHR Incentive Programs to go live	CMS	CMS
10	Press Release: Registration & Program Highlights walk through for Press	CMS' Project Status and Success Stories	1/25/2011	TBD	Participant	Press Other interested parties	Share information on the status of CMS' EHR Incentive Program and success stories thus far	CMS	CMS

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
11	Teleconference: NESCSO Multi-State HIE Collaborative	Update from the six New England states to discuss key initiatives for Medicaid Agencies	1/25/2011	1/25/2011	Participant	TBD	Provide basic information about the ways in which provider directories support simple interoperability and basic capabilities for health information exchange, and the roles that state leaders might play to assure that all providers have access to openly-available directories before the end of 2011	NESCSO	NESCSO
12	Meeting: MaineCare and MEREC/HIN HIT Communications Coordination Discussion	Coordination of communications amongst HIT initiatives and the upcoming MQC webinar	1/31/2011	1/31/2011	Representative	INTERNAL: DHHS, MaineCare Services (HIT Team) MEREC/HIN	To coordinate communications amongst HIT initiatives, including roles and responsibilities moving forward, and discuss the topics for the 2/10/11 MQC webinar	N/A	N/A
13	Newsletter: "MaineCare Matters" Newsletter Update	Project Status	1/31/2011	Message was drafted on 1/24/2011;	Written	Provider Associations MaineCare Providers DHHS, MaineCare Services	Update on project status Legislative changes to Net Average Allowable Costs (NAAC) Direct questions to MaineCare HIT website	Deloitte HIT Team	Sarah Stewart
14	Newsletter: "MaineCare News" Newsletter Update	Project Status	1/31/2011	Message was drafted on 1/24/2011;	Written	DHHS, MaineCare Services	Update on project status Direct questions to MaineCare HIT website	Deloitte HIT Team	Sarah Stewart

FEBRUARY 2011									
Task ID	**Communication Activity**	**Communication Topic**	**Target Distribution Date / Event Date**	**Completed Distribution Date / Event Date**	**MaineCare Involvement**	**Audience**	**Purpose/Message**	**Content Developer**	**Content Distributor**
15	Website: MaineCare HIT Website Updates	Project Status	~~2/4/2011~~ ~~2/11/2011~~ ~~2/18/2011~~ ~~2/25/2011~~ ~~3/3/2011~~ 3/10/2011	3/9/2011	Written	Provider Associations MaineCare Providers Other interested parties	Update FAQ document Update Webpage with implementation activities	Deloitte HIT Team	Linda Riddell
16	Conference: Maine Policy Leadership Symposium	(a) Project Status (b) Program Requirements	2/4/2011	2/4/2011	Presenter	Maine State Legislature Public Advocates	Provide updates and high-level information for Maine's legislature regarding Maine's HIT initiatives and MaineCare's EHR Incentive Program	Deloitte HIT Team	Dr. Rod Prior
17	Listserv Message: MaineCare HIT Listserv Updates	Project Status	~~2/7/2011~~ ~~2/14/2011~~ ~~2/22/2011~~ ~~2/25/2011~~ ~~2/28/2011~~ ~~3/4/2011~~ 3/11/2011	3/11/2011	Written	All subscribers to MaineCare's HIT listserv	Direct subscribers to the updated content on MaineCare's HIT website	Deloitte HIT Team	Sarah Stewart
18	Conference Call: CMS HITECH Call	CMS EHR Certification Number	2/7/2011	2/7/2011	Participant	State Medicaid Agencies	To help State's communicate to the provider community the difference between ONC's Certification Number and CMS EHR Certification Number	CMS	CMS
19	Meeting: MaineCare EHR Incentive Program Communications Workgroup Meeting	MaineCare EHR Incentive Program Communications Workgroup Session	2/7/2011	2/7/2011	Representative	INTERNAL: DHHS, MaineCare Services; HIT Team	Provide updates on EHR Incentive Program communication activities and discuss upcoming communications and events	N/A	N/A
Task ID	**Communication Activity**	**Communication Topic**	**Target Distribution Date / Event Date**	**Completed Distribution Date / Event Date**	**MaineCare Involvement**	**Audience**	**Purpose/Message**	**Content Developer**	**Content Distributor**

20	Webinar: Maine Quality Counts (MQC) Webinar: "Health IT Roundtable 'Ask the Experts' Webinar, Part 2"	Program Requirements	2/10/2011	2/10/2011	Presenter	Provider Associations MaineCare Providers Other interested parties	Provide an overview of MaineCare's EHR Incentive Program, including timeline, eligibility, benefits, and where to find additional support for the program	Deloitte HIT Team, MQC and Maine Regional Extension Center (MEREC)	Dawn Gallagher, MQC and MEREC
21	Conference: Maine Osteopathic Association (MOA) Winter Conference	(a) Project Status (b) Program Requirements	2/11/2011 - 2/13/2011	2/13/2011	Presenter	MaineCare Providers	Provide information about MaineCare's EHR Incentive Program, including project status and timeline	Deloitte HIT Team	Dawn Gallagher
22	Conference Call: CMS HITECH Call	Provider Readiness for the EHR Incentive Programs	2/14/2011	2/14/2011	Participant	State Medicaid Agencies	Outcomes of CMS' research and analysis regarding provider readiness for the Medicare and Medicaid EHR Incentive Programs	CMS	CMS
23	Meeting: MaineCare EHR Incentive Program Communications Workgroup Meeting	MaineCare EHR Incentive Program Communications Workgroup Session	2/14/2011 2/15/2011	2/15/2011	Representative	INTERNAL: DHHS, MaineCare Services; HIT Team	Reviewed materials and content for the Provider Association Email Part 2, MaineCare's HIT Website, and MaineCare's Intranet message. Discussed upcoming CMS National Provider Call regarding eligibility and registration for the Medicare and Medicaid EHR Incentive Programs.	N/A	N/A
24	Conference Call: CMS National Provider Education Call	Registration for the Medicaid EHR Incentive Program for Eligible Professionals	2/18/2011	2/18/2011	Representative	Providers	Discuss eligibility for the Medicaid EHR Incentive Program, registration, steps to receive an incentive payment, switching between the Medicare and Medicaid programs, reassigning incentive payments, and where to find additional support for the programs	N/A	N/A
Task ID	**Communication Activity**	**Communication Topic**	**Target Distribution Date / Event Date**	**Completed Distribution Date / Event Date**	**MaineCare Involvement**	**Audience**	**Purpose/Message**	**Content Developer**	**Content Distributor**
25	Meeting: MaineCare EHR Incentive Program Communications Workgroup Meeting	MaineCare EHR Incentive Program Communications Workgroup Session	2/24/2011	N/A	Representative	INTERNAL: DHHS, MaineCare Services; HIT Team	Provide updates on EHR Incentive Program communication activities and discuss upcoming communications and events	N/A	N/A
26	Meeting: MaineCare EHR Incentive Program Communications Workgroup Meeting	MaineCare EHR Incentive Program Communications Workgroup Session	~~2/28/2011~~ 3/1/2011	N/A	Representative	INTERNAL: DHHS, MaineCare Services; HIT Team	Provide updates on EHR Incentive Program communication activities and discuss upcoming communications and events	N/A	N/A

MARCH, 2011									
Task ID	**Communication Activity**	**Communication Topic**	**Target Distribution Date / Event Date**	**Completed Distribution Date / Event Date**	**MaineCare Involvement**	**Audience**	**Purpose/Message**	**Content Developer**	**Content Distributor**
27	Conference Call: CMS HITECH Call	Physician Assistant Eligibility/NLR Issues/State MMIS & HITECH Systems/National Broadband Map	3/7/2011	3/7/2011	Participant	State Medicaid Agencies	CMS will address the following topics: 1) Clarification of physician assistant eligibility; 2) National Level Repository issues; 3) Spreadsheet showing the HITECH vendor, HITECH connectivity vendor, and MMIS vendor for each State; and 4) The National Broadband Map (http://www.broadbandmap.gov/), which went live on February 17	CMS	CMS
28	Meeting: MaineCare EHR Incentive Program Communications Workgroup Meeting	MaineCare EHR Incentive Program Communications Workgroup Session	3/7/2011	N/A	Representative	INTERNAL: DHHS, MaineCare Services; HIT Team	Provide updates on EHR Incentive Program communication activities and discuss upcoming communications and events	N/A	N/A

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
29	Call: MaineCare and MEREC EHR Incentive Program Communications Coordination	Coordination of communications amongst HIT initiatives and upcoming events	3/7/2011	3/7/2011	Representative	MaineCare HIT Communications Team MEREC Communications Team	To discuss past communication efforts and upcoming communication events to coordinate communicate efforts amongst organizations and initiatives	N/A	N/A
30	Webinar: Maine Quality Counts (MQC) Webinar: "Health IT Roundtable 'Ask the Experts' Webinar, Part 3"	Program Requirements	3/10/2011	3/10/2011	Representative	Provider Associations MaineCare Providers Other interested parties	1. Registration and Attestation 2. Certified EHRs 3. Provider experiences with navigating the early stages of MU 4. Tools and resources to support practices	MQC and Maine Regional Extension Center (MEREC)	MQC and MEREC
31	Meeting: MaineCare EHR Incentive Program Communications Workgroup Meeting	MaineCare EHR Incentive Program Communications Workgroup Session	3/14/2011 3/16/2011	N/A	Representative	INTERNAL: DHHS, MaineCare Services; HIT Team	Provide updates on EHR Incentive Program communication activities and discuss upcoming communications and events	N/A	N/A
32	Meeting: Maine Primary Care Association (MPCA) Monthly Board Meeting	(a) Project Status (b) Program Requirements	3/15/2011 3/22/2011	3/22/2011	Presenter	MaineCare Providers	Provide information about MaineCare's EHR Incentive Program, including project status and timeline, with a focus on FQHC providers	Deloitte HIT Team Dawn Gallagher	Dawn Gallagher
33	Newsletter: "MaineCare Matters" Newsletter Update	Project Status	3/18/2011	Sent to Com. Team: 3/17/2011 Published: TBD	Written	Provider Associations MaineCare Providers DHHS, MaineCare Services	Provide information on new project timeline and content provided on the MaineCare HIT website.	Deloitte HIT Team	Sarah Stewart
34	Newsletter: "MaineCare News" Newsletter Update	Project Status	3/18/2011	Sent to Com. Team: 3/17/2011 Published: TBD	Written	DHHS, MaineCare Services	Update staff on MaineCare's HIT initiative; including new project timeline, benefits of EHRs and benefits of the program.	Deloitte HIT Team	Sarah Stewart

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
35	Conference Call: CMS HITECH Call	TBD	3/21/2011	3/21/2011	Participant	State Medicaid Agencies	a. Draft Medicare MU attestation screen shots (discussion of States' MU attestations) b. COP Webinars starting on March 21st c. Housekeeping Issues d. Next round of State testing e. Checklist for States launching their programs in 2011	CMS	CMS
36	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	3/21/2011	3/21/2011	Participant	State Medicaid Agencies	Discuss State Medicaid HIT Plans (SMHP) and Implementation Advanced Planning Documents (IAPD)	N/A	N/A
37	Webinar: Maine Quality Counts (MQC) Webinar	HealthInfoNet (HIN) Update	3/22/2011	3/22/2011	Participant	Providers Advocates	HealthInfoNet Update: Using Maine's Regional Health Information Exchange to Help Providers & Patients Better Communicate	MQC and HIN	MQC and HIN
38	Website: MaineCare HIT Website Updates	Project Status	~~3/28/2011~~ 4/1/2011		Written	Provider Associations MaineCare Providers Other interested parties	Update FAQ document Update website with implementation activities and project milestones	Deloitte HIT Team	Linda Riddell
39	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	3/28/2011	3/28/2011	Participant	State Medicaid Agencies	Discuss auditing aspects of the EHR Incentive Program	N/A	N/A
40	Listserv Message: MaineCare HIT Listserv Updates	Project Status	~~3/29/2011~~ 4/4/2011		Written	All subscribers to MaineCare's HIT listserv	Direct subscribers to the updated content on MaineCare's HIT website	Deloitte HIT Team	Sarah Stewart
41	Teleconference: NESCSO Multi-State HIE Collaborative	TBD	3/29/2011	3/29/2011	Participant	TBD	TBD	N/A	N/A

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
42	Conference: Maine Broadband Summit 1.0	Broadband efforts and other Recovery Act initiatives in Maine	3/30/2011		Participant	TBD	To provide Recovery Act stakeholders awareness of broadband efforts underway, discuss opportunities and forge relationships to leverage our strengths and challenges to benefit Maine	TBD	Dawn Gallagher
APRIL, 2011									
Task ID	**Communication Activity**	**Communication Topic**	**Target Distribution Date / Event Date**	**Completed Distribution Date / Event Date**	**MaineCare Involvement**	**Audience**	**Purpose/Message**	**Content Developer**	**Content Distributor**
43	Conference Call: CMS National Provider Education Call	Registration for the Medicare EHR Incentive Program for Eligible Professionals	4/1/2011		Participant	Providers	1. Eligibility for Incentives 2. Switching between Medicare and Medicaid Incentive Programs 3. Reassigning Payments 4. Before you Register 5. Registration 6. Helpful Resources and Q&A Session	CMS	CMS
44	Conference Call: CMS HITECH Call	TBD	4/4/2011		Participant	State Medicaid Agencies	TBD	CMS	CMS
45	Call: MaineCare and MEREC EHR Incentive Program Communications Coordination	Coordination of communications amongst HIT initiatives and upcoming events	4/4/2011		Representative	MaineCare HIT Communications Team MEREC Communications Team	To discuss past communication efforts and upcoming communication events to coordinate communicate efforts amongst organizations and initiatives	N/A	N/A
46	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	4/4/2011		Participant	State Medicaid Agencies	Discuss Meaningful Use (attestation and auditing) components of the EHR Incentive Program	N/A	N/A

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
47	Quality Counts 2011 Annual Meeting	(a) Project Status (b) Program Requirements	4/6/2011		Representative	Provider Associations Providers	Provide information about MaineCare's EHR Incentive Program, including project status, requirements, and timeline	Deloitte HIT Team	Dawn Gallagher
48	Conference Call: CMS National Provider Education Call	Registration for the Medicare and Medicaid EHR Incentive Programs for Eligible Hospitals	4/6/2011		Participant	Providers	1. Eligibility for Incentives 2. Dually Eligible Hospitals 3. Before you Register 4. Registration 5. Helpful Resources and Q&A Session	CMS	CMS
49	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	4/11/2011		Participant	State Medicaid Agencies	Discuss State Medicaid HIT Plans (SMHP) and Implementation Advanced Planning Documents (IAPD)	N/A	N/A
50	Webinar: Maine Quality Counts (MQC) Webinar: "Health IT Roundtable 'Ask the Experts' Webinar, Part 4"	Program Requirements	4/14/2011		TBD	Provider Associations MaineCare Providers Other interested parties	TBD	MQC and Maine Regional Extension Center (MEREC)	MQC and MEREC
51	Newsletter: "MaineCare Matters" Newsletter Update	Project Status	4/15/2011		Written	Provider Associations MaineCare Providers DHHS, MaineCare Services	TBD	Deloitte HIT Team	Sarah Stewart
52	Newsletter: "MaineCare News" Newsletter Update	Project Status	4/15/2011		Written	DHHS, MaineCare Services	TBD	Deloitte HIT Team	Sarah Stewart
53	Newsletter: HealthCare Management PCP Newsletter Update	Project Status	4/15/2011		Written	Provider Associations MaineCare Providers (Primary Care Physicians)	TBD	Deloitte HIT Team	HealthCare Management

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
54	Conference Call: CMS HITECH Call	TBD	4/18/2011		Participant	State Medicaid Agencies	TBD	CMS	CMS
55	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	4/18/2011		Participant	State Medicaid Agencies	Regional Collaborative discussion	N/A	N/A
56	Website: MaineCare HIT Website Updates	Project Status	4/25/2011		Written	Provider Associations MaineCare Providers Other interested parties	Update FAQ document Update website with implementation activities and project milestones	Deloitte HIT Team	Linda Riddell
57	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	4/25/2011		Participant	State Medicaid Agencies	Discuss auditing aspects of the EHR Incentive Program	N/A	N/A
58	Listserv Message: MaineCare HIT Listserv Updates	Project Status	4/26/2011		Written	All subscribers to MaineCare's HIT listserv	Direct subscribers to the updated content on MaineCare's HIT website	Deloitte HIT Team	Sarah Stewart
MAY, 2011									
Task ID	**Communication Activity**	**Communication Topic**	**Target Distribution Date / Event Date**	**Completed Distribution Date / Event Date**	**MaineCare Involvement**	**Audience**	**Purpose/Message**	**Content Developer**	**Content Distributor**
59	Conference Call: CMS HITECH Call	TBD	5/2/2011		Participant	State Medicaid Agencies	TBD	CMS	CMS

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
60	Call: MaineCare and MEREC EHR Incentive Program Communications Coordination	Coordination of communications amongst HIT initiatives and upcoming events	5/2/2011		Representative	MaineCare HIT Communications Team MEREC Communications Team	To discuss past communication efforts and upcoming communication events to coordinate communicate efforts amongst organizations and initiatives	N/A	N/A
61	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	5/2/2011		Participant	State Medicaid Agencies	Discuss Meaningful Use (attestation and auditing) components of the EHR Incentive Program	N/A	N/A
62	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	5/9/2011		Participant	State Medicaid Agencies	Discuss State Medicaid HIT Plans (SMHP) and Implementation Advanced Planning Documents (IAPD)	N/A	N/A
63	Webinar: Maine Quality Counts (MQC) Webinar: "Health IT Roundtable 'Ask the Experts' Webinar, Part 5"	Program Requirements	5/12/2011		TBD	Provider Associations MaineCare Providers Other interested parties	TBD	MQC and Maine Regional Extension Center (MEREC)	MQC and MEREC
64	Conference Call: CMS HITECH Call	TBD	5/16/2011		Participant	State Medicaid Agencies	TBD	CMS	CMS
65	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	5/16/2011		Participant	State Medicaid Agencies	Discuss State Medicaid HIT Plans (SMHP) and Implementation Advanced Planning Documents (IAPD)	N/A	N/A
66	Newsletter: "MaineCare Matters" Newsletter Update	Project Status	5/20/2011		Written	Provider Associations MaineCare Providers DHHS, MaineCare Services	TBD	Deloitte HIT Team	Sarah Stewart

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
67	Newsletter: "MaineCare News" Newsletter Update	Project Status	5/20/2011		Written	DHHS, MaineCare Services	TBD	Deloitte HIT Team	Sarah Stewart
68	Newsletter: HealthCare Management PCP Newsletter Update	Project Status	5/20/2011		Written	Provider Associations MaineCare Providers (Primary Care Physicians)	TBD	Deloitte HIT Team	HealthCare Management
69	Website: MaineCare HIT Website Updates	Project Status	5/23/2011		Written	Provider Associations MaineCare Providers Other interested parties	Update FAQ document Update website with implementation activities and project milestones	Deloitte HIT Team	Linda Riddell
70	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	5/23/2011		Participant	State Medicaid Agencies	Regional Collaborative discussion	N/A	N/A
71	Listserv Message: MaineCare HIT Listserv Updates	Project Status	5/24/2011		Written	All subscribers to MaineCare's HIT listserv	Direct subscribers to the updated content on MaineCare's HIT website	Deloitte HIT Team	Sarah Stewart
72	Conference: Third Annual CMS Multi-State Medicaid HITECH Conference	Medicaid EHR Incentive Programs Federal HIT Initiatives	5/24/2011 - 5/26/2011		TBD	State Medicaid Agencies	Collaboration opportunities for state Medicaid agencies to discuss with CMS and other industry leaders the Medicaid EHR Incentive Program and health information technology. Topics of discussion include: 1) implementation, 2) financing, and 3) demonstrating operational value of health IT	N/A	N/A
73	Conference Call: CMS HITECH Call	TBD	5/30/2011		Participant	State Medicaid Agencies	TBD	CMS	CMS

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
74	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	5/30/2011		Participant	State Medicaid Agencies	TBD	N/A	N/A
JUNE, 2011									
Task ID	**Communication Activity**	**Communication Topic**	**Target Distribution Date / Event Date**	**Completed Distribution Date / Event Date**	**MaineCare Involvement**	**Audience**	**Purpose/Message**	**Content Developer**	**Content Distributor**
75	Call: MaineCare and MEREC EHR Incentive Program Communications Coordination	Coordination of communications amongst HIT initiatives and upcoming events	6/6/2011		Representative	MaineCare HIT Communications Team MEREC Communications Team	To discuss past communication efforts and upcoming communication events to coordinate communicate efforts amongst organizations and initiatives	N/A	N/A
76	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	6/6/2011		Participant	State Medicaid Agencies	Discuss Meaningful Use (attestation and auditing) components of the EHR Incentive Program	N/A	N/A
77	Webinar: Maine Quality Counts (MQC) Webinar: "Health IT Roundtable 'Ask the Experts' Webinar, Part 6"	Program Requirements	6/9/2011		TBD	Provider Associations MaineCare Providers Other interested parties	TBD	MQC and Maine Regional Extension Center (MEREC)	MQC and MEREC
78	Conference Call: CMS HITECH Call	TBD	6/13/2011		Participant	State Medicaid Agencies	TBD	CMS	CMS

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
79	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	6/13/2011		Participant	State Medicaid Agencies	Discuss State Medicaid HIT Plans (SMHP) and Implementation Advanced Planning Documents (IAPD)	N/A	N/A
80	Newsletter: "MaineCare Matters" Newsletter Update	Project Status	6/17/2011		Written	Provider Associations MaineCare Providers DHHS, MaineCare Services	TBD	Deloitte HIT Team	Sarah Stewart
81	Newsletter: "MaineCare News" Newsletter Update	Project Status	6/17/2011		Written	DHHS, MaineCare Services	TBD	Deloitte HIT Team	Sarah Stewart
82	Newsletter: HealthCare Management PCP Newsletter Update	Project Status	6/17/2011		Written	Provider Associations MaineCare Providers (Primary Care Physicians)	TBD	Deloitte HIT Team	HealthCare Management
83	Newsletter: PCPIP Newsletter Updates	Project Status	6/17/2011		Written	Provider Associations MaineCare Providers (Primary Care Physicians)	TBD	Deloitte HIT Team	Sarah Stewart
84	Website: MaineCare HIT Website Updates	Project Status	6/20/2011		Written	Provider Associations MaineCare Providers Other interested parties	Update FAQ document Update website with implementation activities and project milestones	Deloitte HIT Team	Linda Riddell
85	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	6/20/2011		Participant	State Medicaid Agencies	Regional Collaborative discussion	N/A	N/A
86	Listserv Message: MaineCare HIT Listserv Updates	Project Status	6/21/2011		Written	All subscribers to MaineCare's HIT listserv	Direct subscribers to the updated content on MaineCare's HIT website	Deloitte HIT Team	Sarah Stewart

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
87	Conference Call: CMS HITECH Call	TBD	6/27/2011		Participant	State Medicaid Agencies	TBD	CMS	CMS
88	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	6/27/2011		Participant	State Medicaid Agencies	Discuss auditing aspects of the EHR Incentive Program	N/A	N/A
JULY, 2011									
Task ID	**Communication Activity**	**Communication Topic**	**Target Distribution Date / Event Date**	**Completed Distribution Date / Event Date**	**MaineCare Involvement**	**Audience**	**Purpose/Message**	**Content Developer**	**Content Distributor**
89	Call: MaineCare and MEREC EHR Incentive Program Communications Coordination	Coordination of communications amongst HIT initiatives and upcoming events	7/5/2011		Representative	MaineCare HIT Communications Team MEREC Communications Team	To discuss past communication efforts and upcoming communication events to coordinate communicate efforts amongst organizations and initiatives	N/A	N/A
90	Conference Call: CMS HITECH Call	TBD	7/11/2011		Participant	State Medicaid Agencies	TBD	CMS	CMS
91	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	7/11/2011		Participant	State Medicaid Agencies	Discuss State Medicaid HIT Plans (SMHP) and Implementation Advanced Planning Documents (IAPD)	N/A	N/A
92	Webinar: Maine Quality Counts (MQC) Webinar: "Health IT Roundtable 'Ask the Experts' Webinar, Part 7"	Program Requirements	7/14/2011		TBD	Provider Associations MaineCare Providers Other interested parties	TBD	MQC and Maine Regional Extension Center (MEREC)	MQC and MEREC

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
93	Newsletter: "MaineCare Matters" Newsletter Update	Project Status	7/15/2011		Written	Provider Associations MaineCare Providers DHHS, MaineCare Services	TBD	Deloitte HIT Team	Sarah Stewart
94	Newsletter: "MaineCare News" Newsletter Update	Project Status	7/15/2011		Written	DHHS, MaineCare Services	TBD	Deloitte HIT Team	Sarah Stewart
95	Newsletter: HealthCare Management PCP Newsletter Update	Project Status	7/15/2011		Written	Provider Associations MaineCare Providers (Primary Care Physicians)	TBD	Deloitte HIT Team	HealthCare Management
96	Website: MaineCare HIT Website Updates	Project Status	7/18/2011		Written	Provider Associations MaineCare Providers Other interested parties	Update FAQ document Update website with implementation activities and project milestones	Deloitte HIT Team	Linda Riddell
97	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	7/18/2011		Participant	State Medicaid Agencies	Regional Collaborative discussion	N/A	N/A
98	Listserv Message: MaineCare HIT Listserv Updates	Project Status	7/19/2011		Written	All subscribers to MaineCare's HIT listserv	Direct subscribers to the updated content on MaineCare's HIT website	Deloitte HIT Team	Sarah Stewart
99	Conference Call: CMS HITECH Call	TBD	7/25/2011		Participant	State Medicaid Agencies	TBD	CMS	CMS
100	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	7/25/2011		Participant	State Medicaid Agencies	Discuss auditing aspects of the EHR Incentive Program	N/A	N/A

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
AUGUST 2011									
101	Call: MaineCare and MEREC EHR Incentive Program Communications Coordination	Coordination of communications amongst HIT initiatives and upcoming events	8/1/2011		Representative	MaineCare HIT Communications Team MEREC Communications Team	To discuss past communication efforts and upcoming communication events to coordinate communicate efforts amongst organizations and initiatives	N/A	N/A
102	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	8/1/2011		Participant	State Medicaid Agencies	Discuss Meaningful Use (attestation and auditing) components of the EHR Incentive Program	N/A	N/A
103	Conference Call: CMS HITECH Call	TBD	8/8/2011		Participant	State Medicaid Agencies	TBD	CMS	CMS
104	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	8/8/2011		Participant	State Medicaid Agencies	Discuss State Medicaid HIT Plans (SMHP) and Implementation Advanced Planning Documents (IAPD)	N/A	N/A
105	Webinar: Maine Quality Counts (MQC) Webinar: "Health IT Roundtable 'Ask the Experts' Webinar, Part 8"	Program Requirements	8/11/2011		TBD	Provider Associations MaineCare Providers Other interested parties	TBD	MQC and Maine Regional Extension Center (MEREC)	MQC and MEREC
106	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	8/15/2011		Participant	State Medicaid Agencies	Regional Collaborative discussion	N/A	N/A
107	Newsletter: "MaineCare Matters" Newsletter Update	Project Status	8/19/2011		Written	Provider Associations MaineCare Providers DHHS, MaineCare Services	TBD	Deloitte HIT Team	Sarah Stewart

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
108	Newsletter: "MaineCare News" Newsletter Update	Project Status	8/19/2011		Written	DHHS, MaineCare Services	TBD	Deloitte HIT Team	Sarah Stewart
109	Newsletter: HealthCare Management PCP Newsletter Update	Project Status	8/19/2011		Written	Provider Associations MaineCare Providers (Primary Care Physicians)	TBD	Deloitte HIT Team	HealthCare Management
110	Conference Call: CMS HITECH Call	TBD	8/22/2011		Participant	State Medicaid Agencies	TBD	CMS	CMS
111	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	8/22/2011		Participant	State Medicaid Agencies	Discuss auditing aspects of the EHR Incentive Program	N/A	N/A
112	Website: MaineCare HIT Website Updates	Project Status	8/29/2011		Written	Provider Associations MaineCare Providers Other interested parties	Update FAQ document Update website with implementation activities and project milestones	Deloitte HIT Team	Linda Riddell
113	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	8/29/2011		Participant	State Medicaid Agencies	TBD	N/A	N/A
114	Listserv Message: MaineCare HIT Listserv Updates	Project Status	8/30/2011		Written	All subscribers to MaineCare's HIT listserv	Direct subscribers to the updated content on MaineCare's HIT website	Deloitte HIT Team	Sarah Stewart

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
SEPTEMBER 2011									
115	Conference Call: CMS HITECH Call	TBD	9/5/2011		Participant	State Medicaid Agencies	TBD	CMS	CMS
116	Call: MaineCare and MEREC EHR Incentive Program Communications Coordination	Coordination of communications amongst HIT initiatives and upcoming events	9/5/2011		Representative	MaineCare HIT Communications Team MEREC Communications Team	To discuss past communication efforts and upcoming communication events to coordinate communicate efforts amongst organizations and initiatives	N/A	N/A
117	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	9/5/2011		Participant	State Medicaid Agencies	Discuss Meaningful Use (attestation and auditing) components of the EHR Incentive Program	N/A	N/A
118	Webinar: Maine Quality Counts (MQC) Webinar: "Health IT Roundtable 'Ask the Experts' Webinar, Part 9"	Program Requirements	9/8/2011		TBD	Provider Associations MaineCare Providers Other interested parties	TBD	MQC and Maine Regional Extension Center (MEREC)	MQC and MEREC
119	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	9/12/2011		Participant	State Medicaid Agencies	Discuss State Medicaid HIT Plans (SMHP) and Implementation Advanced Planning Documents (IAPD)	N/A	N/A
120	Newsletter: "MaineCare Matters" Newsletter Update	Project Status	9/16/2011		Written	Provider Associations MaineCare Providers DHHS, MaineCare Services	TBD	Deloitte HIT Team	Sarah Stewart

Task ID	Communication Activity	Communication Topic	Target Distribution Date / Event Date	Completed Distribution Date / Event Date	MaineCare Involvement	Audience	Purpose/Message	Content Developer	Content Distributor
121	Newsletter: "MaineCare News" Newsletter Update	Project Status	9/16/2011		Written	DHHS, MaineCare Services	TBD	Deloitte HIT Team	Sarah Stewart
122	Newsletter: HealthCare Management PCP Newsletter Update	Project Status	9/16/2011		Written	Provider Associations MaineCare Providers (Primary Care Physicians)	TBD	Deloitte HIT Team	HealthCare Management
123	Conference Call: CMS HITECH Call	TBD	9/19/2011		Participant	State Medicaid Agencies	TBD	CMS	CMS
124	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	9/19/2011		Participant	State Medicaid Agencies	Regional Collaborative discussion	N/A	N/A
125	Website: MaineCare HIT Website Updates	Project Status	9/26/2011		Written	Provider Associations MaineCare Providers Other interested parties	Update FAQ document Update website with implementation activities and project milestones	Deloitte HIT Team	Linda Riddell
126	Webinar: CMS' Communities of Practice (COP)	Medicaid EHR Incentive Programs Topics	9/26/2011		Participant	State Medicaid Agencies	Regional Collaborative discussion	N/A	N/A
127	Listserv Message: MaineCare HIT Listserv Updates	Project Status	9/27/2011		Written	All subscribers to MaineCare's HIT listserv	Direct subscribers to the updated content on MaineCare's HIT website	Deloitte HIT Team	Sarah Stewart

APPENDIX C-1

Footnote: 45

1.1 CMS SMHP Template Crosswalk

The following is a crosswalk between the questions posed by CMS to the States providing direction on what content should be included in the Activities Necessary to Administer and Oversee the EHR Incentive Payment Program section of the SMHP to the sections in this document:

Question Number	CMS Guidance	EHR Incentive Program Process Report Section
1.	How will the SMA verify that providers are not sanctioned, are properly licensed/qualified providers?	Section C, Parts 1 and 2
2.	How will the SMA verify whether EPs are hospital-based or not?	Section C, Parts 1 and 2
3.	How will the SMA verify the overall content of the provider attestations?	Section C, Parts 1 and 2
4.	How will the SMA communicate to its providers regarding their eligibility, payments, etc.?	Section C, Parts 1 and 2
5.	What methodology will the SMA use to calculate patient volume?	Section C, Parts 1 and 2
6.	What data sources will the SMA use to verify patient volume for EPs and acute care hospitals?	Section C, Parts 1 and 2
7.	How will the SMA verify that EPs at FQHC/RHC meet the practices predominantly requirement?	Section C, Parts 1 and 2
8.	How will the SMA verify adopt, implement or upgrade of certified electronic health record technology by providers?	Section C, Parts 1 and 2
9.	How will the SMA verify meaningful use of certified electronic health record technology for providers' second participation year?	Section C, Parts 1 and 2
10.	Will the SMA be proposing any changes to the Meaningful Use definition as permissible per the final rule? If so, please provide details on the expected benefit to the Medicaid population as well as how the SMA assessed the issue of additional provider reporting and financial burden.	Maine is not proposing changes to the MU definition.
11.	How will the SMA verify providers' use of certified electronic health record technology?	Section C, Parts 1 and 2
12.	How will the SMA verify providers' meaningful use data, including the reporting of clinical quality measures? Does the State envision different approaches for short-term and a different approach for the longer-term?	Section C, Parts 1 and 2
13.	*How will data collection and analysis process align with the collection of other clinical quality measures data, such as CHIPRA?	Section A, Part 6; Section C, Parts 1 and 2
14.	What IT, fiscal and communication systems will be used to implement the EHR Incentive Program?	All Sections
15.	What IT systems changes are needed by the SMA to implement the EHR Incentive Program?	See Section E- Implementation Roadmap
16.	What is the SMA's IT timeframe for systems modifications?	See Section E- Implementation Roadmap
17.	When does the SMA anticipate being ready to test and interface with the CMS National Level Repository (NLR)?	See Section E- Implementation Roadmap (July 2011)

Question Number	CMS Guidance	EHR Incentive Program Process Report Section
18.	What is the SMA's plan for accepting the registration data for its Medicaid providers from the CMS NLR (e.g. mainframe to mainframe interface or other means)?	Section C, Parts 1 and 2
19.	What kind of website will the SMA host for Medicaid providers for enrollment, program information, etc.?	Section C, Parts 1, 2 and 5
20.	Does the SMA anticipate modifications to the MMIS and if so, when does the SMA anticipate submitting an MMIS IAPD?	See Section E- Implementation Roadmap
21.	What kinds of call centers/help desks and other means will be established to address EP and hospital questions regarding the incentive program?	Section C, Parts 1 and 2
22.	What will the SMA establish as a provider appeal process relative to: 1) the incentive payments, 2) provider eligibility determinations, 3) demonstration of efforts to adopt, implement or upgrade and meaningful use of certified EHR technology?	Section C, Part 3
23.	What will be the process to assure that all Federal funding, both for the 100 percent incentive payments, as well as the 90 percent HIT administrative match, are accounted for separately for the HITECH provisions and not reported in a commingled manner with the enhanced MMIS FFP?	Sections C, Part 6
24.	What is the SMA's anticipated frequency for making the EHR Incentive Payments (e.g. monthly, semi-monthly, etc.)?	Section C, Part 2
25.	What will be the process to assure that Medicaid provider payments are paid directly to the provider (or an employer or facility to which the provider has assigned payments) without any deduction or rebate?	Section C, Part 2
26.	What will be the process to assure that Medicaid payments go to an entity promoting the adoption of certified EHR technology, as designated by the state and approved by the US DHHS Secretary, are made only if participation in such payment arrangement is voluntary by the EP and that no more than 5 percent of such payments is retained for costs unrelated to EHR technology adoption?	Section C, Part 2
27.	What will be the process to assure that there are fiscal arrangements with providers to disburse incentive payments through Medicaid managed care plans does not exceed 105 percent of the capitation rate per 42 CFR Part 438.6, as well as a methodology for verifying such information?	Section C, Part 2
28.	What will be the process to assure that all EH calculations and EP incentive payments (including tracking EPs' 15% of the net average allowable costs of certified EHR technology) are made consistent with the Statute and regulation?	This question is no longer relevant per the Extender Act
29.	What will be the role of existing SMA contractors in implementing the EHR Incentive Program- such as MMIS, PBM, fiscal agent, managed care contractors, etc.?	See Section E- Implementation Roadmap
30.	States should explicitly describe what their assumptions are, and where the path and timing of their plans have dependencies based upon: • The role of CMS (e.g., the development and support of the National Level Repository; provider outreach/help desk support) • The status/availability of certified EHR technology • The role, approved plans and status of the Regional Extension Center • The role, approved plans and status of the HIE cooperative agreements • State-specific readiness factors	Throughout the SMHP

APPENDIX C-2

Footnote: 46

Description of Process Flows

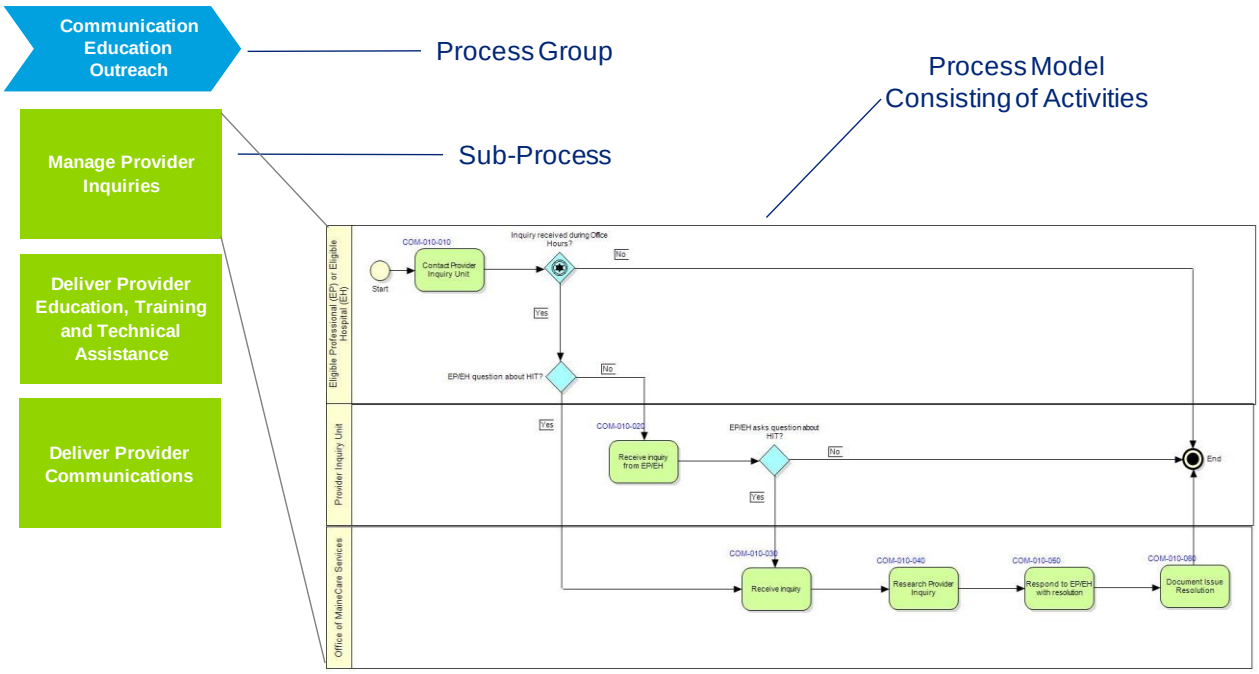


Figure 3: Example of process group, sub-process, and process model consisting of activities

There are three levels of the process flows:

Process groups are the major high-level components of the initiative. Each process group consists of one or more ***sub-processes.*** A sub-process uses a graph to show ***activities*** as the basic building blocks.

The left column on the sub-process graph identifies the "who" (CMS, OMS, Provider) that is taking or receiving the activity (action):

Entity Who is Taking or Receiving the Action	Description
Eligible Professionals (EP) and Eligible Hospitals (EH)	An Eligible Professional (EP) in the Medicaid EHR Incentive Program is defined as a physician, a dentist, a certified nurse-midwife, a nurse practitioner, or a physician assistant who is practicing in a Federally Qualified Health Center (FQHC) led by a

	physician assistant, or a Rural Health Clinic (RHC) led by a physician assistant. EPs must meet the 30% (at least 20% if pediatrician) Medicaid patient volume requirements and cannot be hospital-based professionals as defined in the Final Rule as providing substantially all (more than 90%) of their clinical activity in an inpatient or emergency room setting. For FQHC EPs to be eligible, they must meet the 30% “needy individual” requirements. Eligible hospitals (EH) for the Medicaid EHR Incentive Program include Acute Care and Children’s Hospitals. To be eligible for a Medicaid EHR incentive payment, Acute Care Hospitals must have at least a 10% patient volume attributable to Medicaid (Title XIX). Children’s Hospitals do not have patient volume requirements under Medicaid. Hospitals are eligible to receive both Medicare and Medicaid EHR Incentive payments in the same year.
CMS	Centers for Medicare & Medicaid Services (CMS) is the US Federal agency which administers Medicare, Medicaid, and the Children's Health Insurance Program. CMS directly oversees and conducts the Medicare Incentive Payment Programs. CMS oversees state Medicaid Agency HIT and EHR Incentive Payment Programs. CMS will also maintain the National Level Repository (NLR), the system that will facilitate and capture EP and Hospital registration for the Medicare and Medicaid EHR Incentive Programs.
Office of MaineCare Services	The Office of MaineCare Services (OMS) is the entity responsible for administering and overseeing the Maine Medicaid HIT Program, including the EHR Incentive Payment Program.

Footnote 47: Register EP or EH Sub-Process

Tasks in this process:

RE-010-010: Register for EHR Incentive Program

Description:	Description: EPs and EHs will login to the NLR to register for the EHR Incentive Program. They will navigate to the Home tab and login by entering their User ID and Password. From there, they will complete the registration form. The registration form will capture information such as demographics, TIN, CCN and other identifying information. Once the form is completed, the EP or EH will complete a legal notice attesting that the information they provided is complete and accurate to the best of their knowledge. The form will then be submitted to the NLR for processing. Resources: EP/EH, CMS Proposed Technology to leverage: NLR

RE-010-020: Confirm Medicare/Medicaid Enrollment Status and Check for Exclusions

Description:	Description: Upon receiving the registration request from the EP or EH, the NLR will complete an initial check of the EP/EH Medicare/Medicaid enrollment status and a check for exclusions. Resources: CMS Proposed Technology to leverage: NLR

RE-010-030: Populate NLR

RE-010-040: Search for Duplicate Registration

Description:	Description: The NLR will run a check for any duplicate registrations the EP or EH may have made for Medicare or Medicaid in a different state. Resources: CMS Proposed Technology to leverage: NLR

RE-010-050: Add Registration Record

Description:	Description: If duplicate registration check is cleared, a registration record is created for the EP or EH. Resources: CMS Proposed Technology to leverage: NLR

RE-010-060: Send Status to EP/EH

Description:	Description: Once a registration record is created for the EP or EH, the registration status is posted to the Inquiry tab of the NLR. Resources: CMS Proposed Technology to leverage: NLR

RE-010-070: Receive CMS Registration Status

Description:	Description: To receive notice of registration status, the EP or EH will log into the NLR and navigate to the Inquiry tab. The registration information and status for the EP or EH will be updated and posted to the Inquiry tab. Resources: EPs or EHs Proposed Technology to leverage: NLR

RE-010-080: Send Registration Information to State

Description:	Description: Parallel with posting the EPs or EHs registration status to the Inquiry tab of the NLR, the NLR will send MaineCare the EP's or EH's registration information, which will include the provider's TIN, CCN, demographic information, and program selection. Resources: CMS Proposed Technology to leverage: NLR

RE-010-090: Receive Registration Information from CMS

Description:	Description: MaineCare receives the EP's or EH's registration information. Resources: CMS, MaineCare Services Proposed Technology to leverage: Maine OIT developed system

RE-010-100: Queue Registration Request

Description:	Description: The registration request is then queued and routed to the OMS HIT Team. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT developed system

RE-010-110: Review and Verify Provider Registration Information

Description:	Description: An OMS HIT Team Specialist (HIT Specialist) will contact the provider at the email address provided during the NLR registration (or telephone contact if no email address). The HIT Specialist will assist the provider with the application process which will require the EP or EH to respond to "screen shot" application questions based on CMS and State requirements. Examples of questions that EP or EH need to respond to include, but are not limited to: name of the EP/EH, practice or hospital name (if applicable), address, NPI, TIN, contact information, attestation and other information as required in this SMHP, IAPD, Federal and State laws, rules, and regulations. An EP or EH will also be required to complete a "screen shot" question by either stating he, she does not practice at any other locations/practices or list information (his or her name, practice name (if applicable) address,

	NPI, TIN, contact information and other information) for each location/practice where he or she practices. This safeguard will ensure that Maine will collect, verify, and audit that an EP (or EH) does not receive more than one Medicaid payment from Maine or any other State. MaineCare will review and verify the registration information by cross-checking against provider enrollment information within appropriate data sources for active/pending sanctions, licensing, and the eligibility requirements for the EHR Incentive Program as documented in the Final Rule. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT developed system MIHMS Online Provider Enrollment Portal

Footnote 48: Determine Eligibility

Tasks in this process:

RE-020-010: Apply Eligibility Methodology

Description:	Description: MaineCare will apply the encounter method to calculate patient volume thresholds and ensure that all eligibility criteria as defined in the Final Rule (including "practices predominantly", "hospital based", and that hospitals have demonstrated an average length of stay of 25 days or less) are met. MaineCare will check that providers are not sanctioned and are licensed. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT developed system

RE-020-020: Determine/Set Eligibility Status

Description:	Description: Once the registration request is reviewed and the eligibility methodology is applied, the EP's or EH's registration record is updated to reflect the determined eligibility status. If determined ineligible, a reason code will be added to the file. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT developed system

RE-020-030: Send Eligibility Status

Description:	Description: MaineCare will send the status of the EP or EH to CMS via the NLR interface. If the EP or EH was determined ineligible, the reason code will be included. MaineCare will send the eligibility status to the EP or EH. Resources: MaineCare Services Proposed Technology to leverage: NLR, Maine OIT developed system

RE-020-040: Receive Eligibility Status

Description:	Description: CMS receives the eligibility status from the State via

	the NLR interface. Resources: CMS Proposed Technology to leverage: NLR, Maine OIT developed system

RE-020-050: Send Eligibility Status to EP/EH

Description:	Description: The eligibility status will be posted to the Inquiry tab of the NLR to reflect the State's eligibility determination. Resources: CMS Potential Technology to Leverage: NLR

RE-020-060: Receive Eligibility Status

Description:	Description: The EP or EH will receive their status from MaineCare via email (or other method if no email) Alternatively, the EP or EH may log into the NLR to check their eligibility status. Resources: EP or EH Proposed Technology to leverage: NLR, Maine OIT developed system

EP/EH determined to be eligible?

Description:	If the EP/EH is determined by the State to be eligible for the EHR Incentive Program, the EP/EH will submit their payment request and attestations. If the EP/EH is determined by the State to be ineligible for the EHR Incentive Program, the EP/EH can appeal the eligibility determination.

Events in this process:

P-010: Submit Payment Request and Attestations
RE-010: Register EP or EH
APP-010: Appeal Eligibility, AIU, MU, and Payment Determinations

Footnote 49 - **Switch EP between Program and/or State Sub-Process**

Tasks in this process:

RE-030-010: Request change in EHR Incentive Program registration

Description:	Description: The EP will log into the NLR to submit a request to change the EHR Incentive Program they previously registered for. The EP will request the change by selecting the program in the appropriate fields. Resources: EP Proposed Technology to leverage: NLR

RE-030-020: Receive request to switch EHR Incentive Program registration

Description:	Description: The NLR receives the request to switch EHR Incentive Program registration. If the EP is switching to the Medicare EHR Incentive Program, the NLR will do a check against death records and sanctions/licensing status and to ensure that the EP is enrolled as a Medicare provider. Resources: CMS Proposed Technology to leverage: NLR

RE-030-030: Reject Request to Switch

Description:	Description: If a switch between Medicare and Medicaid programs has already occurred, the change request will be rejected. Resources: CMS Proposed Technology to leverage: NLR

RE-030-040: Notify EP of Rejection

Description:	Description: CMS updates the EPs record in the NLR to show that their request to switch programs has been rejected. This information can be viewed by the EP in the Inquiry tab. Resources: CMS Proposed Technology to leverage: NLR

RE-030-050: Receive Rejection Notification

Description:	Description: The EP will receive notification of the rejection of their request to switch programs by logging into the NLR and viewing the Inquiry tab. Resources: EP Proposed Technology to leverage: NLR

RE-030-060: Record switch between EHR Incentive Programs

Description:	Description: If no previous switch occurred, the NLR will record the switch between EHR Incentive Programs. Resources: CMS Proposed Technology to leverage: NLR

RE-030-070: Notify State of EP's switch between EHR Incentive Programs

Description:	Description: The NLR will notify the State of the EP's switch to registration in the State's Medicaid program or request to end participation in the State's Medicaid program. Resources: CMS Potential Technology to Leverage: NLR

RE-030-080: Receive Change Notification

Description:	Description: MaineCare will receive a notification from the NLR of the EP's change in registration for the EHR Incentive Program. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT developed system

RE-030-090: Inactivate EP

Description:	Description: MaineCare will update the system to show that the EP has been inactivated from participating in the EHR Incentive Program. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT developed system

RE-030-100: Send Notification of Inactivation to the NLR

Description:	Description: MaineCare will notify the NLR once the EP has been inactivated. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT developed system

RE-030-110: Receive Inactivation Notice

Description:	Description: The NLR will receive a notification of the inactivation of the EP from the State system. Resources: CMS Proposed Technology to Leverage: NLR

RE-030-120: Notify EP of inactivation

Description:	Description: CMS updates the EPs record in the NLR to show that their registration with the State's Medicaid EHR Incentive Program has been inactivated. This information can be viewed by the EP in the Inquiry tab. Resources: CMS Proposed Technology to leverage: NLR

RE-030-130: Receive Inactivation Notification

Description:	Description: The EP is notified that they have been inactivated from the State's Medicaid EHR Incentive Program by logging into the NLR and viewing the Inquiry tab. Resources: EP Proposed Technology to leverage: NLR

Gateways in this process:

First request to switch EHR Incentive Programs?

Description:	Once the NLR receives the request to switch programs, the NLR will do a check to ensure that this is the first request to switch EHR Incentive Program registration. If this is the first request to switch programs, the EP is able to switch their registration for the EHR Incentive Program. If this is not the first request to switch programs and a previous request has been submitted and processed, the EP is unable to switch their registration for the EHR Incentive Program.

Did EP switch registration to State's Medicaid EHR Incentive Program?

Description:	Once the State receives the information from the NLR of the EP's requested switch in the EHR Incentive Program, the State must assess if the EP's eligibility needs to be determined for participation in the program or if the EP should be inactivated in the system. If the EP has switched their registration to the State's Medicaid program, the state must determine the eligibility of the EP. If the EP has switched their registration to another State's Medicaid program or the Medicare program, the EP should be inactivated from the system.

Events in this process:
RE-020: Determine Eligibility
RE-010: Register EP or EH

Footnote 50 - Submit Payment Request and Attestations Sub-Process

Tasks in this process:

P-010-020-010: Submit attestation of AIU (Application Process)

Description:	Description: The EP or EH logs into the OIT developed system to provide the State with their attestation of adoption, implementation, or upgrade of certified EHR technology. EPs/EHs would be required to provide the following information: Attestation date EHR incentive payment year – Year 1 EHR participant participating year EHR reporting period dates NPI CCN The Certified EHR Technology that the Provider uses and attestation that it is a CMS certified technology. Resources: EP/EH Proposed Technology to leverage: NLR, Maine OIT developed system

P-010-020-020: Receive attestation of AIU

Description:	Description: MaineCare Services receives the attestation from the EP or Medicaid EH stating that they have adopted, implemented, or upgraded certified EHR technology. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT developed system

P-010-020-030: Receive attestation of AIU

Description:	Description: CMS receives the attestation from the dually eligible hospital stating that they have adopted, implemented, or upgraded certified EHR technology. CMS sends the attestation information to MaineCare. Resources: CMS Proposed Technology to leverage: NLR

P-010-020-040: Verify attestation

Description:	Description: MaineCare Services verifies the attestation from the EP or EH stating that they have adopted, implemented, or upgraded certified EHR technology. The State reviews the attestation for validity and completeness, including checking the ONC list of certified EHR technology to validate that the technology that the provider attested to using is CMS certified technology. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT developed system

P-010-020-050: Log attestation record

Description:	Description: MaineCare logs the attestation record to the EP/EHs file for attestation history for the EHR Incentive Program. MaineCare documents all the information provided by the EP/EH in the attestation. This information is sent to the NLR. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT developed system

P-010-020-060: Receive attestation record and send status to EP/EH

Description:	Description: CMS receives the attestation record from MaineCare Services and logs the attestation status to the EP/EH record. Resources: CMS Proposed Technology to leverage: NLR

P-010-020-070: Receive attestation status

Description:	Description: The EP or EH will receive their status from MaineCare via email (or other method if no email) Alternatively, the EP or EH may log into the NLR to check their eligibility status. Once the State determines the eligibility for the EP or EH, the Inquiry tab of the NLR will reflect the change. Resources: EP/EH Proposed Technology to leverage: NLR, Maine OIT Developed System

APPENDIX C-6

P-010-020-080: Notify EP/EH of rejected attestation

Description:	Description: MaineCare notifies the EP/EH that the attestation has been rejected. Reasons for attestation rejection include: Invalid Format Invalid attestation reporting period More than one initial attestation for the same reporting period Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System

P-010-020-090: Receive notification of rejected attestation

Description:	Description: The EP/EH receives electronic notification that their attestation has been rejected. Resources: EP/EH Proposed Technology to leverage: Maine OIT Developed System

Gateways in this process:

Type of Applicant

Description:	The type of applicant determines what system in which the attestation is logged. If the applicant is a dually eligible hospital, they will log their attestation in the National Level Repository managed by CMS. If the applicant is an EP or Medicaid hospital, they will log their attestation in a State system.

Attestation received and valid?

Description:	Based on the attestation status, the EP/EH has a few options. If the attestation is rejected, the EP/EH will have to resubmit their attestations to the State or to the NLR. If the attestations are deemed invalid by the State, the EP/EH can appeal the attestation determination. If the attestation is received and valid, MaineCare services will initiate the verify eligibility process to determine if the EP/EH is eligible to receive an incentive payment.

Events in this process:
APP-010: Appeal Eligibility, AIU, MU, and Payment Determinations
P-010-040: Receive Payment Request and Attestations
P-010-010: Submit Payment Request and Attestations

Footnote 51 - Submit Adoption, Implementation or Upgrade of Certified EHR Technology Attestations Sub-Activity
Tasks in this process:
P-010-010: Submit Payment Request and Attestations

Description:	Description: An EP or EH will log into the State system and complete a payment request form and their attestations. Resources: EP or EH Potential Technology to Leverage: Maine OIT Developed System

P-010-040: Receive Payment Request and Attestations

Description:	Description: MaineCare will receive the payment request and attestation data provided by the EP/EH. Resources: MaineCare Services Potential Technology to Leverage: Maine OIT Developed System

P-010-050: Log Payment Request

Description:	Description: MaineCare will log the payment request in the State system. Resources: MaineCare Services Potential Technology to Leverage: Maine OIT Developed System

Gateways in this process:
Participation Year?

Description:	The EP or EH must provide different attestations depending on the year of participation in the EHR Incentive Program. If the EP or EH is providing an attestation for Year 1 of participation in the EHR Incentive Program, they must attest to adopting, upgrading, or implementing certified EHR technology. For Years 2 and thereafter EPs and Medicaid only hospitals must also attest to Meaningful Use of certified EHR technology as proscribed by CMS rules (expected in 2011 and updates thereafter.) Dually-eligible hospitals will submit MU to CMS.

Events in this process: P-020: Verify Eligibility, RE-020: Determine Eligibility

APPENDIX C-8

Footnote 52 - MU Attestation (NOTE: This process is included as a place holder for CMS rules on MU that are forthcoming in 2011 and thereafter.

Tasks in this process:

P-010-030-010: Submit attestation of Meaningful Use

Description:	Description: The EP or EH logs into a system to provide the State with their attestation of Meaningful Use as defined by CMS. . Resources: EP/EH Proposed Technology to leverage: Maine OIT Developed System

P-010-030-020: Receive attestation of Meaningful Use

Description:	Description: MaineCare Services receives the attestation from the EP or Medicaid EH of Meaningful Use and the clinical quality measures. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System

P-010-030-030: Receive attestation of Meaningful Use

Description:	Description: CMS receives the attestation from the dually eligible hospital of Meaningful Use and the clinical quality measures. CMS sends the attestation information to MaineCare Services for their records. Resources: CMS Proposed Technology to leverage: NLR, Maine OIT Developed System

8P-010-030-040: Verify attestation

Description:	Description: MaineCare Services verifies the attestation from the EP or EH stating Meaningful Use and the clinical quality measures. The State reviews the attestation for validity and completeness. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System

P-010-030-050: Log attestation record

Description:	Description: MaineCare Services logs the attestation record to the EP/EHs file for attestation history for the EHR Incentive Program. MaineCare would document all the information provided by the EP/EH in the attestation. This information is sent to the NLR. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System

P-010-030-060: Receive attestation record and send status to EP/EH

Description:	Description: CMS receives the attestation record from MaineCare Services and logs the attestation status to the EP/EH record. Resources: MaineCare Services, CMS Proposed Technology to leverage: NLR, Maine OIT Developed System

P-010-030-070: Receive attestation status

Description:	Description: The EP or EH will receive their status from MaineCare via email (or other method if no email) Alternatively, the EP or EH may log into the NLR to check their status. Resources: EP/EH Proposed Technology to leverage: NLR

P-010-030-080: Notify EP/EH of rejected attestation

Description:	Description: MaineCare notifies the EP/EH that the attestation has been rejected. Reasons for attestation rejection include: Invalid Format Invalid attestation reporting period More than one initial attestation for the same reporting period Non-compliant Meaningful Use measures (This is a place holder for CMS rules on MU expected in 2011 and later.) Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System

P-010-030-090: Receive notification of rejected attestation

Description:	Description: The EP/EH receives electronic notification that their attestation has been rejected. Resources: EP/EH Proposed Technology to leverage: Maine OIT Developed System

Gateways in this process:

Type of Applicant

Description:	The type of applicant determines what system in which the attestation is logged. If the applicant is a dually eligible hospital, they will log their attestation in the National Level Repository managed by CMS. If the applicant is an EP or Medicaid hospital, they will log their attestation in a State system.

Attestation received and valid?

Attestation received and valid?

Description:	Based on the attestation status, the EP/EH has a few options. If the attestation is rejected, the EP/EH will have to resubmit their attestations to the State or to the NLR. If the attestations are deemed invalid by the State, the EP/EH can appeal the decision. (Dually-eligible hospitals can not appeal MU, which must be done through CMS.) If the attestation is received and valid, MaineCare services will initiate the verify eligibility process to determine if the EP/EH is eligible to receive an incentive payment.

Events in this process:
P-010-010: Submit Payment Request and Attestations
P-010-040: Receive Payment Request and Attestations
APP-010: Appeal Eligibility, AIU, MU, and Payment Determination

Footnote 52: Verify Eligibility

Tasks in this process:

P-020-010: Request hospital registration status

Description:	Description: MaineCare will request the hospital's registration status for the EHR Incentive Programs from CMS via the NLR. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System

P-020-020: Receive request for hospital registration status

Description:	Description: CMS will receive the request from MaineCare for the hospital's registration status for the EHR Incentive Programs via the NLR. Resources: CMS Proposed Technology to leverage: NLR

P-020-030: Send hospital registration status

Description:	Description: CMS will send the hospital's registration status for the EHR Incentive Programs to MaineCare Services via the NLR. Resources: CMS Proposed Technology to leverage: NLR

P-020-040: Receive hospital registration status

Description:	Description: MaineCare Services will receive the hospital's registration status for the EHR Incentive Programs to MaineCare Services from CMS via the NLR. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System

P-020-050: Verify Eligibility and Attestation Requirements

Description:	Description: MaineCare will check the eligibility status of EPs and EHs to ensure that their attestations have been received and are valid before processing payment. MaineCare will verify the following information: - State eligibility status, including patient volume requirements, "practices predominantly" requirements, death records, licenses, sanctions - Adoption, Implementation or Upgrade to EHR technology attestation or Meaningful Use and clinical quality measures attestations - Hospital registration in PECOS (EHs only) Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System, MIHMS Provider portal, Licensing, All Claims Database, MIHMS claims system

P-020-060: Send data request to check payment history

Description:	Description: MaineCare sends a data request to the National Level Repository to check for payments from other states or other exclusions from the EHR Incentive Program. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System

P-020-070: Search payment history

Description:	Description: The NLR will search for the EP/EH payment history to ensure that the EP/EH has not received a payment from the Medicare program, a payment from another state's Medicaid program, or is excluded from receiving an incentive payment from the EHR Incentive Program. The NLR will also check for any sanctions against the provider as well as death files to ensure that the provider may receive a payment. This activity prevents an EP/EH from receiving a duplicate payment. Note: EHs can receive a Medicare and Medicaid payment. Resources: CMS Proposed Technology to leverage: NLR

P-020-080: Send Payment History

Description:	Description: The NLR will send the EP/EH payment history to MaineCare. Resources: CMS Proposed Technology to leverage: NLR

P-020-090: Receive Payment History

Description:	Description: MaineCare will receive the provider or hospital payment record from the NLR. MaineCare will review the payment history to ensure that the EP has not received a Medicare payment; or for EP and EHs, payment from another state's Medicaid program; or is excluded from receiving an incentive payment from the EHR Incentive Program. This activity prevents an EP/EH from receiving a duplicate payment. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System

P-020-100: Generate Payment Denial Notice

Description:	Description: A payment denial notice is generated indicating that the EP's or EH's eligibility for payment has been denied or attestation requirements have not been met and an incentive payment will not be issued. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System

P-020-110: Notify NLR of Payment Denial

Description:	Description: MaineCare sends a notification to the NLR that the EP/EH eligibility has been denied or attestation requirements have not been met and an incentive payment will not be issued. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System

P-020-120: Update Payment History

Description:	Description: CMS will update the EP's or EH's payment history to reflect payment denial. Resources: CMS Proposed Technology to leverage: NLR

P-020-130: Notify EP or EH

Description:	Description: CMS will post the payment denial on the Inquiry tab of the NLR. Resources: CMS Proposed Technology to leverage: NLR

P-020-140: Receive Payment Denial Notification

Description:	Description: The EP or EH will receive their status from MaineCare via email (or other method if no email) Alternatively, the EP or EH may log into the NLR to check their status. Resources: EP/EH Proposed Technology to leverage: NLR

Gateways in this process:

Does EP/EH Meet Eligibility and Attestation Requirements?

Description:	The EP/EH must meet the eligibility and attestation requirements to receive a payment. If the EP/EH does meet the eligibility and attestation requirements, MaineCare will continue the payment process. If the EP/EH does not meet the eligibility and attestation requirements, MaineCare will issue a payment denial notice.

Has the EP/EH already received a payment?

Description:	MaineCare reviews the payment history to ensure that the EP/EH has not received a Medicare payment or a payment from another state's Medicaid program, or is excluded from receiving an incentive payment from the EHR Incentive Program. If the EP has not received a payment from Medicare or in the case of EPs and EHs, another state for the participation year, MaineCare will move forward and adjudicate the incentive payment. If the EP has already received a payment from Medicare or if the EP or EH received a payment from another state for the participation year, MaineCare will issue a payment denial notice. Note: EHs can receive a Medicare and Medicaid payment.

Payment denial valid?

Description:	If the EP/EH agrees that the payment denial was valid, they can resubmit their payment request and attestations with the complete and valid information to receive an incentive payment. If the EP/EH disagrees with the payment denial, the EP can appeal the payment denial.

Events in this process:
P-010: Submit Payment Request and Attestations
P-030: Adjudicate Payment
APP-010: Appeal Eligibility, AIU, MU, and Payment Determinations
P-010: Submit Payment Request and Attestations

Footnote 54: Adjudicate Payment

Swim Lane	Description
CMS	Centers for Medicare & Medicaid Services (CMS) is the US Federal agency which administers Medicare, Medicaid, and the Children's Health Insurance Program. CMS is responsible for overseeing the Medicare and Medicaid EHR Incentive Programs. CMS will monitor State Medicaid Agency EHR Incentive Programs through mandatory reporting. CMS will also maintain the National Level Repository (NLR), the system that will facilitate and capture EP and Hospital registration for the Medicare and Medicaid EHR Incentive Programs.
DHHS Finance	DHHS Finance is the entity that issues payment to eligible professionals and eligible hospitals for the Maine Medicaid EHR Incentive Program.
Office of MaineCare Services	The Office of MaineCare Services (OMS) is the entity responsible for administering and overseeing the Maine Medicaid EHR Incentive Program.
Eligible Professionals (EPs) or Eligible Hospitals (EHs)	An Eligible Professional (EP) in the Medicaid EHR Incentive Program is defined as a physician, a dentist, a certified nurse-midwife, a nurse practitioner, or a physician assistant who is practicing predominantly in a Federally Qualified Health Center (FQHC) led by a physician assistant, or a Rural Health Clinic (RHC) led by a physician assistant. EPs must meet the 30% (at least 20% if pediatrician) Medicaid patient volume requirements and cannot be hospital-based professionals as defined in the Final Rule as providing substantially all (more than 90%) of their clinical activity in an inpatient or emergency room setting. Eligible hospitals (EH) for the Medicaid EHR Incentive Program include Acute Care and Children's Hospitals. To be eligible for a Medicaid EHR incentive payment, Acute Care Hospitals must have at least a 10% patient volume attributable to Medicaid (Title XIX). Children's Hospitals do not have patient volume requirements under Medicaid. Hospitals are eligible to receive both Medicare and Medicaid EHR Incentive payments in the same year.

Entity who may receive the EP/EH's incentive payment (Reassigned)	An entity may be the employer or biller for an EP/EH that has a voluntary contractual relationship to be designated by the EP /EH to receive the EP/EH incentive payments. The final rule also allows states to designate an entity promoting the adoption of certified EHR technology by enabling oversight of the business, operational, and legal issues involved in the adoption and implementation of certified EHR technology or by enabling the exchange and use of electronic clinical and administrative data between participating providers, in a secure manner, including maintaining the physical and organizational relationship integral to the adoption of certified EHR technology by eligible providers. Maine does not have any State-designated entities.

P-030-010: Execute Payment Trigger

Description:	Description: The payment trigger can be executed by en mass or by individual payment requests. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System

P-030-020: Review Payment Requests

Description:	Description: MaineCare reviews the payment requests to validate EP or EH information and verifying the frequency of payments to ensure that the EP or EH has not already received a payment for that year. Participation year follows the calendar year for EPs and the Federal Fiscal Year for EHs. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System

P-030-030: Perform Adjudication and Calculate Payment

Description:	Description: Adjudicate the payment by setting the payment request to "pay" or "deny" status for the EP or the EH. For EP incentive payments: According to CMS' guidance on the Medicare and Medicaid Extenders Act of 2010, payments of $21,250 the first year, and payments of $8,500 for years 2 through 6 will be made. For EH incentive payments: MaineCare will verify hospital incentive payment calculation against hospital cost reports supplied by CMS. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System

P-030-040: Create Payment File

Description:	Description: Create a payment file to be sent to AdvantageME to process the incentive payment. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System (Flexi Financial)

P-030-050: Process Payment File and Make Payment

Description:	Description: The payment file is processed, DHHS Finance draws down ARRA funds and the incentive payment is sent to the EP or EH. Resources: DHHS Finance Proposed Technology to leverage: AdvantageME

P-030-060: Create Feedback File

Description:	Description: Once the payment is processed and paid to the EP/EH, a feedback file is created and sent to MaineCare. Resources: DHHS Finance Proposed Technology to leverage: Advantage ME

P-030-070: Receive Payment

Description:	Description: The EP or EH receives the incentive payment. This could be done manually via a paper based check or electronically via EFT. Resources: EP or EH Proposed Technology to Leverage: AdvantageME, EFT

P-030-080: EP/EH Retains Payment

Description:	Description: EP or EH retains the incentive payment. Resources: EP or EH Proposed Technology to leverage: None identified at this time

P-030-090: Payments that have been reassigned by the EP/EH to another entity

Description:	Description: EP or EHs may reassign their payment to an employer or entity which provides billing services. This reassignment is done through the NLR process by listing the TIN of the "reassigned." The payments, when they are processed through AdvantageME will be made to the reassignee's TIN/address. (The other option of reassigning the payment to a State-designated entity is not available at this time in Maine.) Resources: EP/EH Proposed Technology to leverage: None identified at this time

P-030-120: Update Payment File

Description:	Description: Upon receipt of the payment feedback file from DHHS Finance or receipt of payment use from an EP or EH, MaineCare will update the payment file to indicate the amount paid, date, and designation of the incentive payment. Resources: MaineCare Services Proposed Technology to leverage: (FlexiFinancial) Maine OIT Developed System

P-030-130: Notify CMS of Payment

Description:	Description: MaineCare will notify CMS through the NLR that an incentive payment was made to an EP or EH. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System

P-030-140: Update Payment History

Description:	Description: CMS will update the EP's or EH's payment history. This data will include the amount of the incentive payment, the state that issued the incentive payment, the date, and if the incentive payment was made by the EP or EH or reassigned as allowed by CMS. Resources: CMS Proposed Technology to leverage: NLR

P-030-150: Notify EP or EH

Description:	Description: MaineCare will notify the EP/EH with information that reflects the date of payment and the payment amount. Resources: CMS Proposed Technology to leverage: NLR, Maine OIT Developed System

P-030-160: Receive Payment Notification

Description:	Description: In addition to getting OMS notification, The EP or EH may log into the NLR and navigate to the Inquiry tab to view their payment history. Resources: EP or EH Proposed Technology to leverage: NLR

Gateways in this process:
Payment Amount Correct?

Description:	If the EP/EH agrees that the payment amount was correct, the payment process is complete. If the EP/EH disagrees with the payment amount received, the EP/EH can appeal the payment amount.

Events in this process:
P-020: Verify Eligibility
APP-010: Appeal Eligibility, AIU, MU, and Payment Determinations

APPENDIX C-11

Footnote 55: Manage Recoupment

Tasks in this process:

P-040-010: Initiate Recoupment Request

Description:	Description: Incentive payment recoupments are initiated by the discovery of an overpayment--for example, an HIT Incentive Payment audit or receipt of notice from the NLR via the payment history file or for situations where monies are owed to the agency due to fraud/abuse, or EH/EPs owed funds from a Federal or State audit, or from a Medicaid overpayment. A DHHS staff will create a recoupment file which will include the following: NPI TIN Program Year Record Number Payment Amount State Provider Type Exclusion Indicator Exclusion Type Exclusion Description Business Classification State- where sanctions are effective Date range of the exclusion Notes Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System

P-040-020: Notify EP or EH of Recoupment

Description:	Description: MaineCare will create and send a notification to the EP or EH to request that they pay the State the amount of the overpayment. Information listed in the notification includes: NPI TIN Program Year Record Number Payment Amount State Provider Type Exclusion Indicator Exclusion Type Exclusion Description Business Classification State- where sanctions are effective Date range of the exclusion Notes Resources: MaineCare Services Proposed Technology to leverage: None identified at this time

P-040-030: Receive Notification

Description:	Description: EP or EH receives recoupment request notification. Resources: EP or EH Proposed Technology to leverage: None identified at this time

P-040-040: Verify Overpayment/Duplicate Payment

Description:	Description: EP or EH will verify with their own records and payment system to verify that an overpayment or duplicate payment was made. Resources: EP or EH Proposed Technology to leverage: None identified at this time

P-040-050: Cut Check

Description:	Description: The EP or EH issues a check for the amount of the overpayment or duplicate payment to MaineCare. Resources: EP or EH Proposed Technology to leverage: None identified at this time

P-040-060: Generate Receipt

Description:	Description: EP or EH will generate a receipt for the issuance of funds to MaineCare for the overpayment or duplicate payment. Resources: EP or EH Proposed Technology to leverage: Maine OIT Developed System

P-040-070: Send Payment and Receipt

Description:	Description: EP or EH sends the payment reimbursement and receipt to MaineCare. Resources: EP or EH Proposed Technology to leverage: None identified at this time

P-040-080: Apply Recoupment in System

Description:	Description: DHHS Finance performs the accounting function in the State system to recoup payment by adjusting future incentive payment request or processing the payment made by the EP or EH. Resources: DHHS Finance Proposed Technology to leverage: AdvantageME

P-040-090: Notification of Recoupment

Description:	Description: MaineCare receives notification of recoupment and updates the EP's or EH's payment history. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System

P-040-100: Update Payment History

Description:	Description: MaineCare will update the payment history by indicating that the overpayment or duplicate payment has been recouped. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System, MIHMS

P-040-110: Send Payment and History

Description:	Description: MaineCare will send the payment and updated payment history to CMS via the NLR. Resources: MaineCare Services Proposed Technology to leverage: NLR

P-040-120: Receive Payment Resolution Report

Description:	Description: CMS will receive payment and payment history. Resources: CMS Proposed Technology to leverage: NLR

P-040-130: Notify EP or EH of Recoupment Status

Description:	Description: CMS will notify the EP or EH that the overpayment or duplicate payment has been recouped and received by CMS. The payment history will be updated on the Inquiry tab of the NLR. Resources: CMS Proposed Technology to leverage: NLR

P-040-140: Receive Notification

Description:	Description: The EP or EH will receive notice of the receipt of recoupment by viewing their payment history which can be found on the Inquiry tab on the NLR. Resources: EP or EH Proposed Technology to leverage: NLR

Gateways in this process:

Is Recoupment Request Valid?

Description:	If the EP/EH believes that the recoupment request is valid, the EP/EH issues the overpayment or duplicate payment amount to MaineCare. If the EP/EH believes that the recoupment request is invalid, the EP/EH can appeal the payment or payment amount requested by MaineCare.

What Type of Recoupment?

Description:	Once the recoupment record is created, MaineCare will determine if they will request a direct payment from the EP or EH or if they will apply the recoupment as an adjustment to future incentive or other type of payments/reimbursements.

Events in this process:

AUD-040: Audit Incentive Payments
APP-010: Appeal Eligibility, AIU, MU, and Payment Determinations
P-020-040: Send Payment History

APPENDIX C-12

Footnote 56: Appeals Sub Process

Tasks in this process:

APP-010-010: Request Informal Review

Description:	Description: An EP or EH may make an appeal based on an eligibility determination, AIU attestation determination, MU attestation determination (EPs and Medicaid Hospitals only), incentive payment, or an audit of any of those items. A request for an informal review may be done through writing a letter to MaineCare within 60 days of receipt of the original notification. Resources: EP or EH Proposed Technology to leverage: None identified at this time

APP-010-020: Receive Informal Review Request

Description:	Description: MaineCare will receive the request from an EP or EH for an informal review. Resources: MaineCare Services Proposed Technology to leverage: None identified at this time

APP-010-030: Track Request

Description:	Description: Once the request for an informal review is received, MaineCare will track the request. Resources: MaineCare Services Proposed Technology to leverage: None identified at this time

APP-010-040: Conduct an Informal Review

Description:	Description: MaineCare performs the informal review by reviewing documentation sent in by the EP or EH, cross-checking state systems for eligibility, incentive payment determinations and amounts, attestation information gathered through an audit, and incentive program policy to make a determination on whether to uphold or reverse the MaineCare decision. Resources: MaineCare Services Proposed Technology to leverage: MIHMS, NLR, Maine OIT Developed System

APP-010-050: Reverse MaineCare Decision

Description:	Description: The eligibility, incentive payment, or attestation decision is reversed. Based on the type of appeal, the EP/EH could be determined eligible for the incentive program, receive an incentive payment, or have their attestations accepted. Resources: MaineCare Services Proposed Technology to leverage: None identified at this time

APP-010-060: Send Notification to EP or EH

Description:	Description: If the informal review decision is to uphold the OMS original decision, a decision letter is sent to the EP or EH notifying them of the decision and appeal rights. Resources: MaineCare Services Proposed Technology to leverage: None identified at this time

APP-010-070: Receive Notification

Description:	Description: The EP or EH receives notification of the decision made based on their request for an informal review. Resources: EPs or EHs Proposed Technology to leverage: None identified at this time

APP-010-080: Request Administrative Hearing

Description:	Description: The EP or EH decides not to accept the decision made through the informal review and requests an administrative hearing. The EP or EH may request an administrative hearing through writing a letter to the Commissioner of DHHS. Office of MaineCare Services. Resources: EP or EH Proposed Technology to leverage: None identified at this time

APP-010-090: Receive Administrative Hearing Request

Description:	Description: The Hearings Office receives the administrative hearing request. Resources: DHHS Proposed Technology to leverage: None identified at this time

APP-010-100: Gather Documentation

Description:	Description: MaineCare will gather all relevant documentation on the case. Documentation may include information from the system on eligibility determinations, attestations, incentive payments, information provided by the EP or EH, and any relevant documentation gathered from an audit. Resources: MaineCare Services Proposed Technology to leverage: MIHMS, NLR, Maine OIT Developed System

APP-010-110: Send Administrative Hearing Request and Documentation

Description:	Description: MaineCare sends all relevant documentation to the Office of Administrative Hearings within the DHHS Commissioner's Office. Resources: MaineCare Services Proposed Technology to leverage: None identified at this time

APP-010-120: Receive Administrative Hearing Request

Description:	Description: The Office of Administrative Hearings receives the administrative hearing request and all supporting documentation from MaineCare (or directly from the provider). Resources: Office of Administrative Hearings Proposed Technology to leverage: None identified at this time

APP-010-130: Assign Hearing Officer

Description:	Description: A DHHS Hearing Officer is assigned to the case. Resources: Office of Administrative Hearings, DHHS Hearing Officer Proposed Technology to leverage: None identified at this time

APP-010-140: Create Hearing Case

Description:	Description: The DHHS Hearing Officer creates hearing case by reviewing all relevant information and program policy. Resources: Office of Administrative Hearings, DHHS Hearing Officer Proposed Technology to leverage: None identified at this time

APP-010-150: Conduct Administrative Hearing

Description:	Description: An administrative hearing is conducted in which representatives from MaineCare and the EP or EH have the opportunity to present his/her case with supporting evidence. Hearings are generally held at the regional DHHS offices throughout the State. Resource: Office of Administrative Hearings, DHHS Hearing Officer, MaineCare Services, EP or EH Proposed Technology to leverage: None identified at this time

APP-010-160: Make Recommendation to DHHS Commissioner

Description:	Description: The DHHS Hearing Officer reviews the case and all supporting documentation. The DHHS Hearing Officer makes a recommendation to the DHHS Commissioner to either uphold the MaineCare decision, modify it, or reverse the MaineCare decision. The DHHS Hearing Officer will provide MaineCare and the EP or EH with a copy of his/her recommendation. Once they receive a copy of the recommendation, MaineCare and the EP or EH have 10 days to send a letter to the DHHS Commissioner to state their case. Resource: Office of Administrative Hearings, DHHS Hearing Officer, MaineCare Services, EP or EH Proposed Technology to leverage: None identified at this time

APP-010-170: Receive and Review Administrative Hearing Case

Description:	Descriptions: The DHHS Commissioner receives and reviews the administrative hearing case and recommendation. Resources: DHHS Commissioner Proposed Technology to leverage: None identified at this time

APP-010-180: Make Ruling

Description:	Description: The DHHS Commissioner decides the ruling for the case. Resources: DHHS Commissioner Proposed Technology to leverage: None identified at this time

APP-010-190: Notify MaineCare

Description:	Description: The Office of Administrative Hearings notifies MaineCare of the ruling and MaineCare analyzes it to consider any program changes that may need to be made. Resources: Office of Administrative Hearings, OMS Proposed Technology to leverage: None identified at this time

APP-010-200: Notify EP/EH

Description:	Description: The Office of Administrative Hearings notifies the EP or EH of the ruling on the case. This may be done via a written letter and email. Resource: Office of Administrative Hearings Proposed Technology to leverage: None identified at this time

APP-010-210: Receive Notification

Description:	Description: The EP or EH receives notification of the ruling from the administrative hearing. Resources: Office of Administrative Hearings, EPs or EHs Proposed Technology to leverage: None identified at this time

APP-010-220: Request Superior Court Hearing

Description:	Description: The EP or EH appeals the ruling and requests a Superior Court Hearing and uses the rules of the court. Resources: EPs or EHs Proposed Technology to leverage: None identified at this time

APPENDIX C-12

APP-010-230: Receive Notification

Description:	Description: MaineCare receives the Superior Court hearing request and processes it in manner that is in line with current procedures. Resources: MaineCare Services Proposed Technology to leverage: None identified at this time

Gateways in this process:

Uphold MaineCare decision?

Description:	MaineCare decides whether to uphold their original determination or reverse the original decision.

EP or EH accepts informal review decision?

Description:	The EP or EH decides whether or not to accept the decision made through the informal review by MaineCare. EPs and EHs have the option of either accepting the decision to uphold the original determination or request an administrative hearing to appeal the determination.

EP or EH accepts administrative hearing ruling?

Description:	The EP or EH decides on whether or not to accept the administrative hearing decision. If not, they may appeal the ruling made by the DHHS Commissioner to Maine Superior Court.

Events in this process:

RE-020: Determine Eligibility
P-030: Adjudicate Payment
P-030: Adjudicate Payment
AUD-040: Audit Incentive Payments
AUD-020: Audit AIU of EHR Technology
P-040: Manage Recoupment
P-040: Manage Recoupment
AUD-010: Audit Eligibility Determinations
AUD-030: Audit Meaningful Use
RE-020: Determine Eligibility

Footnote 57: Annual CMS Report

Tasks in this process:

R-010-010: Query Incentive Program data from data sources

Description:	Description: MaineCare will query data from the State system(s) that house data on the EHR Incentive Program including information on EPs/EHs who have received an incentive payment for AIU or MU of certified EHR technology, provider AIU of certified EHR technology, data representing the EPs/EHs clinical quality measures data, and data on how the incentive program addressed individuals with unique needs such as children. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System and other systems and sources

R-010-020: Query data on EP/EH qualified for incentive payment for AIU

Description:	Description: MaineCare will query a list of all EPs and EHs who qualified for an incentive payment on the basis of AIU certified EHR technology. This query would also capture the provider type and practice location. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System and other systems and sources

R-010-030: Query data on EP/EH qualified for incentive payment for MU

Description:	Description: MaineCare will query a list of all EPs and EHs who qualified for an incentive payment on the basis of demonstrating that they are meaningful users of certified EHR technology. This query would also capture the provider type and practice location. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System and other systems and sources

R-010-040: Populate aggregated data tables of AIU

Description:	Description: MaineCare will query the data to populate aggregated data tables representing the provider adoption, implementation, or upgrade of certified EHR technology. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System and other systems and sources

R-010-050: Populate aggregated data tables of clinical quality measures

Description:	Description: MaineCare will query the data to populate aggregated data tables representing the clinical quality measures data collected by EPs and EHs. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System and other systems and sources

R-010-060: Compile report on individuals with unique needs

Description:	Description: MaineCare will query quantitative data showing how the incentive program addressed individuals with unique needs and will include a description of how the incentive program activities specifically include individuals with unique needs. Resources: MaineCare Services Proposed Technology to leverage: Maine OIT Developed System and other systems and sources

R-010-070: Compile annual CMS report

Description:	Description: The HIT Manager compiles the information queried and the aggregated data tables into the annual report to CMS. Resources: HIT Manager Proposed Technology to leverage: Maine OIT Developed System and other systems and sources

R-010-080: Review annual CMS report

Description:	Description: Upon completion of the annual CMS Report, relevant MaineCare and DHHS stakeholders will review the report for accuracy and integrity. Stakeholders include HIT Manager, OMS Director, Operations, DHHS Offices, OIT, Commissioner's Office, Office of the State Coordinator, and others as identified. Resources: MaineCare Leadership, OSC Director, HIT Program Manager Proposed Technology to leverage: None identified at this time

R-010-090: Approve annual CMS report

Description:	Description: Stakeholders must approve the annual CMS report before it can be submitted to CMS. Resources: Stakeholders include HIT Manager, OMS Director, Operations, DHHS Offices, OIT, Commissioner's Office, Office of the State Coordinator, and others as identified. Proposed Technology to leverage: None identified at this time

R-010-100: Submit annual report to CMS

Description:	Description: Once stakeholders review and approve the annual CMS report, the HIT Manager sends the report to CMS. Resources: MaineCare Leadership, HIT Program Manager Proposed Technology to leverage: None identified at this time

Events in this process:
P-030: Adjudicate Payment
P-010-020: Submit Attestation of AIU of EHR technology
P-010-030: Submit Attestation of Meaningful Use

Footnote 58: Submit Quarterly HHS Report Sub-Process

Tasks in this process:

R-020-010: Compile quarterly HHS report

Description:	Description: The HIT Program Manager will compile information on the EHR Incentive Program to submit a comprehensive report to HHS based on a variety of inputs. Some information used in the quarterly report may come from the monthly report submitted to CMS which reports on the administration of the program and use of FFP. Other inputs include reports of EP/EH payments, eligibility determination, audits, appeals, and other key management areas for the EHR Incentive Program. The report to HHS will provide a comprehensive overview of the State's EHR Incentive Program as well as a progress report on the implementation of the State's approved Medicaid HIT Plan. Resources: HIT Program Manager Proposed Technology to leverage: Maine OIT Developed System and other systems and sources

R-020-020: Review quarterly HHS report

Description:	Description: Upon completion of the quarterly HHS Report, relevant MaineCare and DHHS stakeholders will review the report for accuracy and integrity. Stakeholders include HIT Manager, OMS Director, Operations, DHHS Offices, OIT, Commissioner's Office, Office of the State Coordinator, and others as identified. Resources: MaineCare Leadership, HIT Program Manager Proposed Technology to leverage: None identified at this time

R-020-030: Approve quarterly HHS report

Description:	Description: Stakeholders must approve the quarterly HHS report before it can be submitted to HHS. Resources: Stakeholders include HIT Manager, OMS Director, Operations, DHHS Offices, OIT, Commissioner's Office, Office of the State Coordinator, and others as identified Proposed Technology to leverage: None identified at this time

R-020-040: Submit quarterly report to HHS

Description:	Description: Once stakeholders review and approve the quarterly HHS report, the HIT Manager sends the quarterly report on the State's EHR Incentive Program and progress report on the implementation of the State's approved Medicaid HIT Plan to HHS. Resources: MaineCare Leadership, HIT Program Manager Proposed Technology to leverage: None identified at this time

Events in this process:
SOV-040: Track and report FFP for the Administration of Program
SOV-050: Manage FFP for Incentive Payments
SOV-020: Maintain SMHP

Footnote 59: Managing Provider Inquires and Deliver Provider Education

COM-010-010: Contact Help Desk

Description:	Description: The EP or EH has a question about the EHR Incentive Program and contacts the Help Desk via email or phone. Resources: OMS HIT Specialist Proposed Technology to leverage: None identified at this time

COM-010-020: Receive inquiry from EP/EH

Description:	Description: The Help Desk receives inquiry from an EP or EH. Topics of inquiries might include EHR technology, technical assistance, incentive payments, attestation, and eligibility for Meaningful Use. Resources: OMS HIT Specialist Proposed Technology to leverage: Interactive Voice Response (IVR)

COM-010-030: Research Provider Inquiry

Description:	Description: HIT Specialist researches the most current CMS Provider Inquiry Toolkit, MaineCare website, MaineCare rules, State Plan and other relevant rules, regulations, and guidelines. All inquiries unable to be answered by the HIT Specialist will be escalated to the OMS HIT Program Manager and/or CMS' EHR Information Center. Resources: OMS HIT Specialist / HIT Program Manager Proposed Technology to leverage: Web access and documents

COM-010-040: Respond to EP/EH with resolution

Description:	Description: OMS HIT Specialist notifies EP/EH of resolution to their inquiry. Resources: OMS HIT Specialist / HIT Program Manager Proposed Technology to leverage: None identified at this time.

COM-010-050: Document Issue Resolution

Description:	Description: HIT/EHR Incentive Program resource documents that the EP/EH inquiry has been resolved and closed. Resources: Help Desk Proposed Technology to leverage: None identified at this time.

Gateways in this process:
Inquiry received during Office Hours?

Events in this process:

Start

Description:	Help desk receives a call or email from a provider with an inquiry regarding the EHR Incentive Program.

Footnote 59 (Cont'd): Deliver Provider Education, Training, and Technical Assistance Sub-Process

Tasks in this process:

COM-020-010: Create Education and Training Plan

Description:	Description: Develop a training plan in coordination with the OSC and the MeREC that includes a curriculum, content areas, targeted provider groups, schedule, and resource planning. Resources: HIT Program Manager, MeREC, OMS Training Unit Proposed Technology to leverage: Training modules, teleconference and videoconference tools and

COM-020-020: Develop Education and Training Materials

Description:	Description: Develop training materials in coordination with the MeREC, including training presentations, webinar content, user guides, quick-tip sheets, and train-the-trainer content, guides and materials, Resources: HIT Program Manager, OMS Training Unit, MeREC Proposed Technology to leverage: Training modules, teleconference and videoconference tools and technology

COM-020-030: Conduct Provider Education and Training

Description:	Description: This activity includes scheduling and conducting provider education and training sessions. For applicable audiences, OMS will team up with the MeREC to deliver provider training. Provider satisfaction surveys will be completed to ascertain the effectiveness of the sessions. Resources: HIT Program Manager, OMS Training Unit, MeREC Proposed Technology to leverage: Training modules, teleconference and videoconference tools and technology

Footnote 60: Deliver Provider Communications

Tasks in this process:

COM-030-010: Create Communication Plan

Description:	Description: MaineCare and the MeREC have developed a communication plan which includes the topic areas, frequency and schedule of communications, and distribution channels for communication. MaineCare and MeREC will continue this collaboration. Resources: HIT Program Manager, MaineCare Director of Communications, MeREC. Proposed Technology to leverage: MaineCare website

COM-030-020: Develop Provider Communication Materials

Description:	Description: In conjunction with the communication plan, MaineCare and the MeREC have collaborated and will continue to do so, to enhance provider communication's materials. Resources: HIT Program Manager, MaineCare Director of Communications, MeREC. Proposed Technology to leverage: MaineCare website

COM-030-030: Communications

Description:	Description: MaineCare and the MeREC will send/deliver provider announcements and communications as outlined in the communication plan. Resources: HIT Program Manager, MaineCare Director of Communications, MeREC. Proposed Technology to leverage: MaineCare website

Footnote 61: Develop Rules

Tasks in this process:

SOV-010-010: Receive request to add, delete, or change rule or state plan (NOTE: No State Plan Amendment is needed for the HIT Incentive Payment Program. SPA processes are just being included should an SPA be required at some time.)

Description:	Description: Activity to add, delete, or change policies related to the EHR Incentive Payment Program initiated. Resources: Policy Division Proposed Technology to leverage: None identified at this time

SOV-010-020: Analyze rule or state plan

Description:	Description: Information is requested to appropriately analyze the suggested policy addition, deletion, or revision. Assess impact of policy on budget, stakeholders, and other benefits. Resources: Policy Division, HIT Program Manager Proposed Technology to leverage: None identified at this time

SOV-010-030: Formulate, get approval, and propose rule

Description:	Description: Policy Division drafts the rule that is being added, deleted or changed. Resources: Approvals are required from the HIT Program Manager, OMS Director, Operations, Commissioner's Office, and Attorney General's Office. Proposed Technology to leverage: None identified at this time

SOV-010-040: Hold Public Hearing (if recommended)

Description:	Description: Follow Maine's APA and hold public hearing (if recommended) to review the proposed rule. Resources: Policy Division Proposed Technology to leverage: None identified at this time

SOV-010-050: Finalize rule and Respond to Public Comments

Description:	Description: Finalize the rule based on outcomes from the public hearings, and respond to all public comments. Resources: Policy Division Proposed Technology to leverage: None identified at this time

SOV-010-060: Approve rule

Description:	Description: Receive approvals from the State to execute the new rule. Resources: Policy Division, OMS Director, Commissioner's Office, Attorney General's Office, Secretary of State Proposed Technology to leverage: None identified at this time.

SOV-010-070: Publish the final rule

Description:	Description: Publish the final rule per the APA. Resources: Policy Division, Director of Communications Proposed Technology to leverage: MaineCare website, DHHS website

SOV-010-080: Implement final rule

Description:	Description: Develop plan for implementation of the new, changed, or deleted rule. Resources: Implementation done by the appropriate Program Office within DHHS, including Operations Proposed Technology to leverage: None identified at this time

Gateways in this process:

Is a rule needed?

Description:	Use the Maine APA process to adopt the rule.

APPENDIX C-18

Footnote 62: Maintain SMHP
Tasks in this process:
SOV-020-010: Receive prompt to review SMHP

Description:	Description: SMHP needs to be reviewed and updated on an annual basis. This activity is the prompt to review the SMHP. Resources: HIT Program Manager Proposed Technology to leverage: MIHMS, OIT Developed System, other systems as needed

SOV-020-060: Compile revised SMHP

Description:	Description: This activity includes the compilation of the HIT Landscape Assessment, the HIT Vision, the Meaningful Use Sustainability Plan, and the Roadmap into the SMHP. Resources: HIT Program Manager Proposed Technology to leverage: MIHMS, OIT Developed System, other systems as needed

SOV-020-070: Disseminate SMHP for review

Description:	Description: This activity is the distribution of the SMHP to relevant stakeholders for review and approval. Stakeholders include HIT Program Manager, OMS Director, Operations, DHHS Offices, OIT, Commissioner's Office, Office of the State Coordinator, and others as identified. Resources: HIT Program Manager Proposed Technology to leverage: MIHMS, OIT Developed System, other systems as needed

SOV-020-080: Modify SMHP Revisions

Description:	Description: If stakeholders do not approve the revised SMHP, it must be modified to meet stakeholders' expectations. Upon modification, it will then go through the review process again. Resources: HIT Program Manager Proposed Technology to leverage: MIHMS, OIT Developed System, other systems as needed

SOV-020-090: Submit SMHP to CMS for approval

Description:	Description: CMS must approve the SMHP prior to any changes in the EHR Incentive Payment Program or request for additional funding to administer the EHR Incentive Payment Program. Resources: HIT Program Manager Proposed Technology to leverage: None identified at this time

SOV-020-100: Communicate revised SMHP

Description:	Description: This activity is the final step in the Maintain SMHP process. The SMHP is published and distributed to all relevant stakeholders. Resources: HIT Program Manager, OMS Director of Communications Proposed Technology to leverage: HIT web page on MaineCare Services website

Gateways in this process:
Stakeholder approval received?

Description:	Description: Stakeholders must approve the SMHP before it can be published and released as the updated SMHP. Stakeholders include HIT Program Manager, OMS Director, Operations, DHHS Offices, OIT, Commissioner's Office, Office of the State Coordinator, and others as identified. Resources: HIT Program Manager Proposed Technology to leverage: None identified at this time.

Events in this process:
SOV-030: Submit IAPD

Footnote 63: Revise HIT Landscape

Tasks in this process:

SOV-020-020-010: Review Current HIT Landscape Assessment

Description:	Description: The HIT Landscape Assessment must be reviewed on an annual basis to understand if revisions need to be made to reflect the current HIT landscape in Maine. Resources: HIT Program Manager Proposed Technology to leverage: MIHMS, OIT Developed System, other systems as needed

SOV-020-020-020: Assess need for updates to HIT Landscape Assessment

Description:	Description: This activity assesses the need for any revisions of the HIT Landscape Assessment specific to changes in the governance structure, DHHS systems changes, and DHHS and HIT initiatives. Resources: HIT Program Manager Proposed Technology to leverage: MIHMS, OIT Developed System, other systems as needed

SOV-020-020-030: Assess use of EHR technology

Description:	Description: This activity includes surveying providers, hospitals, dentists, and other Eligible Professionals on adoption, implementation, and use of EHR technology. Resources: HIT Program Manager, Vendor Proposed Technology to leverage: MIHMS, OIT Developed System, other systems as needed, vendor systems

SOV-020-020-040: Document revisions and additions to HIT Landscape Assessment

Description:	Description: This activity includes making revisions to the HIT Landscape Assessment based on the necessary updates in the previous two steps (changes in the state HIT environment and rates of EHR technology adoption). Resources: HIT Program Manager Proposed Technology to leverage: MIHMS, OIT Developed System, other systems as needed

SOV-020-020-050: Disseminate HIT Landscape Assessment for review

Description:	Description: This activity is the distribution of the HIT Landscape Assessment to relevant stakeholders for review and approval. Stakeholders include HIT Program Manager, OMS, OSC, Operations, OIT, and the Commissioner's Office. Resources: HIT Manager, Special Projects Unit Proposed Technology to leverage: None identified at this time

SOV-020-020-060: Modify HIT Landscape Assessment

Description:	Description: If stakeholders do not approve the revised HIT Landscape Assessment, it must be modified to meet stakeholders' expectations. Upon modification, it will then go through the review process again. Resources: HIT Program Manager Proposed Technology to leverage: MIHMS, OIT Developed System, other systems as needed

Gateways in this process:

Stakeholder approval received?

Description:	Description: Stakeholders must approve the HIT Landscape Assessment before it can be compiled with the revised SMHP. Resources: Stakeholders include OMS, HIT Program Manager, Operations, OIT, Commissioner's Office, OSC Proposed Technology to leverage: None identified at this time

Updates needed?

Description:	A decision should be made as to whether revisions and updates are needed to the HIT Landscape Assessment.

Events in this process:
SOV-020-060: Compile revised SMHP
SOV-020-010: Receive prompt to review SMHP

Footnote 64: Revise Roadmap

Tasks in this process:

SOV-020-050-010: Review current HIT Roadmap

Description:	Description: The HIT Roadmap must be reviewed on an annual basis to understand if MaineCare is making progress toward its HIT goals. Resources: HIT Program Manager Proposed Technology to leverage: MIHMS, OIT Developed System, other systems as needed

SOV-020-050-020: Track progress toward HIT Roadmap goals

Description:	Description: This activity tracks current progress toward meeting milestones and accomplishing HIT goals set in the HIT Roadmap. The progress report will be completed quarterly. Resources: HIT Program Manager Proposed Technology to leverage: MIHMS, OIT Developed System, other systems as needed

SOV-020-050-030: Assess need for updates to HIT Roadmap

Description:	Description: This activity assesses the need for any revisions of the HIT Roadmap based upon tracking progress toward accomplishing HIT goals. Resources: HIT Program Manager Proposed Technology to leverage: MIHMS, OIT Developed System, other systems as needed

SOV-020-050-040: Document revisions and additions to HIT Roadmap

Description:	Description: This activity includes making revisions to the HIT Roadmap based on current progress toward achieving goals and milestones. Resources: HIT Program Manager Proposed Technology to leverage: MIHMS, OIT Developed System, other systems as needed

SOV-020-050-050: Disseminate HIT Roadmap for review

Description:	Description: This activity is the distribution of the HIT Roadmap to relevant stakeholders for review and approval. Stakeholders include HIT Program Manager, OMS, Operations, OIT, OSC, and the Commissioner's Office. Resources: HIT Program Manager Proposed Technology to leverage: None identified at this time

SOV-020-050-060: Modify HIT Roadmap

Description:	Description: If stakeholders do not approve the revised HIT Roadmap, it must be modified to meet stakeholders' expectations. Upon modification, it will then go through the review process again. Resources: HIT Program Manager Proposed Technology to leverage: MIHMS, OIT Developed System, other systems as needed

Gateways in this process:
Stakeholder approval received?

Description:	Description: Stakeholders must approve the HIT Roadmap before it can be compiled with the revised SMHP. Resources: Stakeholders include HIT Manager, OMS, Operations, OIT, Commissioner's Office, OSC Proposed Technology to leverage: None identified at this time

Updates needed?

Description:	A decision should be made as to whether revisions and updates are needed to the HIT Roadmap.

Events in this process:
SOV-020-060: Compile revised SMHP
SOV-020-010: Receive prompt to review SMHP

Footnote 65: Submit IAPD Sub-Process

Tasks in this process:

SOV-030-010: Conduct annual review of EHR Incentive Program for modifications

Description:	Description: The first activity in the IAPD submission sub-process is to assess the EHR Incentive Program for needed modifications, both on the program side and system side. This could include additional resources, training/education/outreach efforts, and/or systems modifications. If system modifications are required, all system modifications will go through the Change Control Board and follow the change request protocols and processes that are already in place and used by DHHS. Resources: MaineCare Leadership, HIT Program Manager Proposed Technology to leverage: None identified at this time

SOV-030-020: Develop business case for modifications

Description:	Description: Once the needed program and system modifications are identified, the MaineCare Services and HIT team will need to develop a business case to ask for FFP from CMS for the needed modifications and enhancements. Resources: MaineCare Leadership, HIT Program Manager Proposed Technology to leverage: None identified at this time

SOV-030-030: Develop IAPD

Description:	Description: Using the business case as a guide, MaineCare Services and the HIT team will develop the IAPD requesting FFP funding from CMS to fund EHR Incentive Program modifications and enhancements. Resources: MaineCare Leadership, HIT Program Manager Proposed Technology to leverage: None identified at this time

APPENDIX C-21
SOV-030-040: Review IAPD

Description:	Description: Upon completion of the IAPD, relevant MaineCare and DHHS stakeholders will review the IAPD for accuracy and integrity. Stakeholders include HIT Program Manager, OMS Director, Operations, DHHS Offices, OIT, Commissioner's Office, Office of the State Coordinator, and others as identified. Resources: MaineCare Leadership, HIT Program Manager, Special Projects Unit Proposed Technology to leverage: None identified at this time

SOV-030-050: Submit IAPD to CMS

Description:	Description: Once stakeholders review and approve the IAPD, it is then submitted to CMS to request FFP funds. Resources: MaineCare Leadership, HIT Program Manager, Special Projects Unit Proposed Technology to leverage: None identified at this time

Gateways in this process:
Stakeholder approval received?

Description:	Description: Stakeholders must approve the IAPD before it can be submitted to CMS. Resources: Stakeholders include HIT Program Manager, OMS Director, Operations, DHHS Offices, OIT, Commissioner's Office, Office of the State Coordinator, and others as identified. Proposed Technology to leverage: None identified at this time

Events in this process:
SOV-040-010: Receive approved IAPD from CMS
SOV-020: Maintain SMHP

Footnote 66: Track and Report FFP

Tasks in this process:

SOV-040-010: Receive approved IAPD from CMS

Description:	Description: CMS approves the IAPD from MaineCare for the administration of the EHR Incentive Program. Resources: MaineCare Leadership, HIT Program Manager, Finance and Accounting Proposed Technology to leverage: None identified at this time

SOV-040-020: Follow Regular State budget process

Description:	Description: MaineCare follows the State budget process to secure funds if needed for the administration of the EHR Incentive Program. MaineCare will estimate the expenditures for the Medicaid EHR Incentive Program on the quarterly budget estimate report via Form CMS-37, including projections of administration related expenditures for the implementation costs. Resources: MaineCare Leadership, HIT Program Manager, Finance and Accounting, Commissioner's Office, OIT, Governor's Office, Bureau of the Budget, Legislature Proposed Technology to leverage: BFMS (State Budget System) and AdvantageME

SOV-040-030: Process invoices for EHR Incentive Program Expenditures

Description:	Description: Finance processes invoices for expenditures related to the administration of the EHR Incentive Program and HIT efforts. Invoiced expenditures include OIT expense, contractors' invoices/expenses, travel costs, and indirect costs. When an invoice is received, Finance reviews the account strings to apply the FFP funding and process the invoice. Resources: MaineCare Finance and Accounting Proposed Technology to leverage: AdvantageME

SOV-040-040: State Personnel report tie

Description:	Description: State employees record all time spent on HIT/EHR Incentive Program to the HIT project. Supervisors review and sign State employee timesheets to ensure that employees are charging their HIT time appropriately. Time is reported weekly and the pay period encompasses two weeks. Resources: State Personnel Proposed Technology to leverage: State time reporting system (TAMS)

SOV-040-050: Finance runs query

Description:	Description: Finance runs a query to gather all data on expenditures for the administration of the EHR Incentive Program and HIT efforts. Expenditures include state personnel expense, OIT expense, contractors' invoices/expenses, travel costs, and indirect costs. This query occurs monthly. Resources: MaineCare Finance and Accounting Proposed Technology to leverage: State time reporting system (TAMS), GQL

SOV-040-060: Account for EHR Incentive Program Personnel Time

Description:	Description: Finance and Accounting analyzes State Personnel time reporting and manually journals State Personnel time appropriately so that all personnel expenditures for the EHR Incentive Program are applied to the HIT/EHR Incentive Program account string/code and matched by ARRA funds at the rate of 90%. Resources: MaineCare Finance and Accounting Proposed Technology to leverage: State time reporting system (TAMS)

SOV-040-070: Draw down ARRA funds

Description:	Description: Finance and Accounting uses the query of all EHR Incentive Program expenses to draw exactly 90% of the EHR Incentive Program expenses from the Federal Payment Management System. ARRA funds are drawn from the Federal Payment Management System monthly for State Personnel expenditures through the journal process. ARRA funds are drawn as invoices are received by Finance for the administration of the EHR Incentive Program. The invoice is then sent to Accounts Payable for processing. Resources: MaineCare Finance and Accounting Proposed Technology to leverage: Medicaid Budget and Expenditure System, Federal Payment Management System

SOV-040-080: Compile monthly report

Description:	Description: Finance and Accounting use the data from invoices and State personnel time journals to compile all EHR Incentive Program expenditures for the administration of the EHR Incentive Program and HIT efforts. Expenditures include State Personnel expense, OIT expense, contractors' invoices/expenses, travel costs, and indirect costs. The report of monthly expenditures for the Administration of the EHR Incentive Program is sent to the HIT Program Manager for insertion in the CMS monthly report. Furthermore, on the form CMS-64, which is submitted on a quarterly basis, MaineCare will report actual expenses incurred. This will be used to reconcile the Medicaid funding advanced to States for the quarter on the basis of the Form CMS-37. Resources: HIT Program Manager, Finance and Accounting Proposed Technology to leverage: Medicaid Budget and Expenditure System

SOV-040-090: Send Report to CMS

Description:	Description: The HIT Program Manager sends the monthly report on the EHR Incentive Program to CMS which includes information on the expenditures that were paid using FFP from CMS. Resources: HIT Program Manager Proposed Technology to leverage: None identified at this time

Events in this process:
SOV-030-050: Submit IAPD to CMS

Footnote 67: Manage FFP for Providers

Tasks in this process:

SOV-050-010: Reconcile payments

Description:	Description: MaineCare reconciles the payment to the EP/EH with the payment from CMS verifying that 100% FFP match funding was received. Resources: Finance and Accounting Proposed Technology to leverage: AdvantageME, Medicaid Budget and Expenditure System

SOV-050-020: Compile monthly report

Description:	Description: Finance and Accounting run a query to gather all EHR Incentive Program Payments to EPs and EHs. This query occurs monthly. The report of monthly expenditures for EHR Incentive Program Payments to EPs and EHs is sent to the HIT Manager for insertion in the CMS monthly report. Resources: HIT Manager, Finance and Accounting Proposed Technology to leverage: GQL, Medicaid Budget and Expenditure System

SOV-050-030: Send Report to CMS

Description:	Description: The HIT Program Manager sends the monthly report on the EHR Incentive Program to CMS which includes information on the EHR incentive payments that were sent to EPs and EHs using 100% FFP from CMS. Resources: HIT Program Manager Proposed Technology to leverage: None identified at this time.

Events in this process:
P-030: Adjudicate Payment

APPENDIX D-1

FOOTNOTE 68:

CMS SMHP TEMPLATE CROSSWALK

The following is a crosswalk between the questions posed by CMS to the States:

Question Number	CMS Guidance	Audit Strategy Report Section
1.	What will be the SMA's methods to be used to avoid making improper payments? (Timing, selection of which audit elements to examine pre or post-payment, use of proxy data, sampling, how the SMA will decide to focus audit efforts, etc.)	Section D
2.	Describe the methods the SMA will employ to identify suspected fraud and abuse, including noting if contractors will be used. Please identify what audit elements will be addressed through pre-payment controls or other methods and which audit elements will be addressed post-payment.	Section D
3.	How will the SMA track the total dollar amount of overpayments identified by the State as a result of oversight activities conducted during the FFY?	Section D
4.	Describe the actions the SMA will take when fraud and abuse is detected.	Section D
5.	Is the SMA planning to leverage existing data sources to verify meaningful use (e.g. HIEs, pharmacy hubs, immunization registries, public health surveillance databases, etc.)? Please describe.	Section D
6.	Will the state be using sampling as part of audit strategy? If yes, what sampling methodology will be performed?* (i.e. probe sampling, random sampling)	Section D has high level information; Detail Deferred to DDI Phase
7.	**What methods will the SMA use to reduce provider burden and maintain integrity and efficacy of oversight process (e.g. above examples about leveraging existing data sources, piggy-backing on existing audit mechanisms/activities, etc.)?	Section D has high level information; Detail Deferred to Implementation Phase
8.	Where are the program integrity operations located within the State Medicaid Agency, and how will responsibility for EHR incentive payment oversight be allocated?	Section D

* The sampling methodology part of this question may be deferred until the State has formulated a methodology based upon the size of their EHR incentive payment recipient universe.

**May be deferred

APPENDIX D-1

Fraud, Waste and Abuse

Maine must comply with all Federal laws and regulations designed to prevent fraud, waste, and abuse, including, but not limited to applicable provisions of Federal criminal law, the False Claims Act (32 U.S.C. 3729 et seq.), and the anti-kickback statute (section1128B(b) of the Act). Upon completion of an audit of eligibility determinations, attestation, or incentive payments, an Auditor will evaluate the data provided by the eligible professional or hospital and compare it to the data submitted to MaineCare via registration, attestation, or in a payment request.

Fraud is defined as intentional deception or misrepresentation, oral or written, which an individual knows to be false, or does not believe to be true, made with knowledge that deception or misrepresentation could result in some unauthorized benefits. The requisite intent is present if the misrepresentation was made knowingly or with a reckless disregard for the truth. The following is a list of what Maine would consider to be fraud and abuse indicators:

Fraud and Abuse Indicators
Professionals who claim a disproportionate number of MaineCare members compared to other providers of the same service
Professionals who report a sudden increase in Medicaid utilization compared to prior years
Misrepresentations of dates and reporting periods, or the identity of the individual who participated in the program
Counting expenses not incurred or which were attributable to non-program activities, other enterprises, or personal expenses for the purpose of meeting program requirements
Professionals or hospitals who cannot provide supporting documentation for claimed purchases
Any claims of AIU or Meaningful Use of certified EHR technology which are not supported by the provider's actions
Professionals requesting payments from both the Medicare and Medicaid EHR Incentive Payment Programs
Deliberately providing attestations, or receiving incentive payments on account of another individual;
Arrangements by professionals or hospitals with employees, independent contractors, suppliers, and others that appear to be designed primarily to meet the conditions of program participation
Concealing business activities that would prevent compliance with applicable requirements
Falsifying records in order to meet or continue to meet the conditions of program participation

Professionals or hospitals that hold a history of committing health care fraud or abuse are considered high risk audit targets by the State. The State will pursue the identified high risk audit targets as a focus point for early review of program compliance.

If fraud, waste, or abuse is suspected, the case will be forwarded to the State of Maine's Healthcare Crimes Unit in the Attorney General's Office. Additionally, the State will seek to recover any and all funds not used in accordance with the program requirements or standards. Provider requests for payment for any benefit, including incentive payments, are subject to Maine criminal and civil fraud statutes and will be enforced. As written in the Administrative Policies and Procedures of the Maine State Services Manual, Maine's False Claims Act imposes restitution and treble penalties on anyone who defrauds DHHS by obtaining payment for any false, fictitious or fraudulent claim.

APPENDIX D-2

Footnote: 69

AUDIT STRATEGY

The table below outlines the inputs used to define the State's Audit Strategy.

Inputs to Developing the State's Audit Strategy
Review of the MITA State Self-Assessment and current-state audit processes
Review of CMS' EHR Incentive Program Final Rule
Review of the CMS SMHP template
Review of the interface control document for the National Level Repository (NLR)
Review of the State Medicaid Directors Letter issued by CMS on August 17, 2010

The table below shows the activities completed to develop the State's Audit Strategy.

Activities to Develop the State's Audit Strategy
Developed MaineCare's Audit process, sub-processes, and activity flows
Reviewed and validated the Audit process with business and technology SMEs from MaineCare, OIT, Finance, and Operations
Created the State's Audit Strategy for the EHR Incentive Program
Reviewed and finalized the State's Audit Strategy for the EHR Incentive Program

Footnote 73: Audit Eligibility

Tasks in this process:

AUD-010-010: Initiate Audit

Description:	Description: After the HIT Team determines eligibility, the Audit Division initiates a review of EP and EH eligibility determinations. Resource: Audit Division Proposed Technology to leverage: OIT Developed HIT System and other existing systems.

AUD-010-020: Review Policy for Audit Criteria

Description:	Description: Audit reviews the State regulations and policies that govern the EHR Incentive Program to determine if an EP/EH violated the policy and if that violation merits an audit that can be pursued and supported by State policies. Resource: Audit Division Proposed Technology to leverage: OIT Developed HIT System and other existing systems

AUD-010-030: Extract data from data sources

Description:	Description: MaineCare extracts data from data sources to complete eligibility determination calculation. Resource: HIT Team Proposed Technology to leverage: OIT Developed HIT System and other existing systems

AUD-010-040: Run State Eligibility Calculation

Description:	Description: MaineCare will apply the State defined eligibility determination methodology to calculate patient volume thresholds. Resource: HIT Team Proposed Technology to leverage: OIT Developed HIT System and other existing systems

AUD-010-050: Send notification to EP/EH

Description:	Description: MaineCare sends a letter to the EP/EH alerting them that MaineCare has determined that the EP/EH is not eligible for the EHR Incentive Program. The EP/EH has 60 days to respond to the letter. Resource: MaineCare Services Proposed Technology to leverage: None identified at this time

AUD-010-060: Receive notification from MaineCare

Description:	Description: The EP or EH receives the letter from MaineCare alerting them that MaineCare has determined they are not eligible for the EHR Incentive Program. The EP/EH has 60 days to respond to the letter. Resource: MaineCare Services Proposed Technology to leverage: None identified at this time.

Gateways in this process:

Eligibility determination?

Description:	Based on the State eligibility calculation, the State determines if an EP/EH is eligible for the EHR Incentive Program.

Appeal MaineCare decision?

Description:	The EP/EH has the opportunity to appeal the decision from MaineCare. If the EP/EH initiates an appeal, the EP/EH will go through the Appeals process for the EHR Incentive Program. If the EP/EH does not appeal the decision, MaineCare will initiate the Manage Recoupment sub-process to recover incentive funds from the EP/EH.

Events in this process:

RE-020-050: Send Eligibility Status to EP/EH
P-050: Manage Recoupment
APP-010: Appeal Eligibility, AIU, MU, and Payment Determinations
P-030: Adjudicate Payment

Footnote 75: Auditing AIU

Tasks in this process:

AUD-020-010: Initiate Audit

Description:	Description: Audit initiates a review to verify that an EP or EH has adopted, implemented, or upgraded certified EHR technology for the payment year. Resource: Audit Division Proposed Technology to leverage: OIT Developed HIT System and other existing systems

AUD-020-020: Review EP/EH Attestations and Policy for Audit Criteria

Description:	Description: MaineCare then reviews the State regulations and policies that govern the EHR Incentive Program to determine if an EP/EH violated the policy and if that violation merits an audit that can be pursued and supported by State policies. MaineCare also reviews the attestations from the EP/EH attesting whether they have adopted, implemented, or upgraded EHR technology. MaineCare will verify that the certified EHR technology code provided by the EP or EH in their attestation appears on the list of certified EHR technology provided via the ONC Web Service. EPs/EHs are required to provide the following information: Attestation date EHR incentive payment year – Year 1 EHR participant participating year EHR reporting period dates NPI CCN The type of Certified EHR Technology that the provider uses and attestation that the Technology is including on the certified technology list of CMS. This information will be verified against the EP/EHs attestation. Resource: Audit Division Proposed Technology to leverage: OIT Developed HIT System and other existing systems

AUD-020-030: Request EP or EH EHR technology verification

Description:	Description: EPs or EHs must have proof that they have adopted, implemented, or upgraded certified EHR technology. They will be instructed that they need to retain written proof that is acceptable by MaineCare and CMS as regularly accepted proof for accounting and audit purposes for six years. Audit will verify that the technology that the provider attested to is on the CSM list of certified technology and for desk audits or on-site audits the provider must provide that proof. (The EP or EH must have at least one of the following properly executed documents, as proof of AIU: Receipts; Invoice; Contract; License Agreement; Purchase Order; or User Agreement; Resource: Audit, MaineCare Services Proposed Technology to leverage: ONC Web Service

AUD-020-060: Send notification to EP/EH

Description:	Description: If the provider fails to show acceptable proof, Audit will send a letter to the EP or EH alerting them that MaineCare has determined that the EP/EH has not adopted, implemented or upgraded certified EHR technology in the relevant payment year. The EP/EH has 60 days to respond to the letter. The Provider's HIT "file" will be noted to show the Audit findings. Resource: MaineCare Services, Audit Proposed Technology to leverage: OMS OIT developed HIT system.

AUD-020-070: Receive notification from MaineCare

Description:	Description: The EP or EH receives the letter from Audit/MaineCare alerting the provider that MaineCare has determined that the EP/EH has not adopted, implemented or upgraded certified EHR technology in the relevant payment year and that the EP/EH must remit funds to MaineCare. The EP/EH has 60 days to respond to the letter.

	Resource: MaineCare Services, Audit Proposed Technology to leverage: None identified at this time

Gateways in this process:
AIU of EHR Technology?
Appendix D-4

Description:	Based on the review of the documentation provided by the EP/EH during an audit/review, the State determines if the EP/EH has adopted, implemented, or upgraded certified EHR technology in compliance with the policies for the EHR Incentive Program.

Appeal MaineCare decision?

Description:	The EP/EH has the opportunity to appeal the decision from MaineCare. If the EP/EH initiates an appeal, the EP/EH will go through the Appeals process for the EHR Incentive Program. If the EP/EH does not appeal the decision, MaineCare/Audit will initiate the Manage Recoupment sub-process to recover incentive funds from the EP/EH.

Events in this process:
P-030: Adjudicate Payment
APP-010: Appeal Eligibility, AIU, MU, and Payment Determinations
P-050: Manage Recoupment

Footnote 77: Auditing Incentive Payments

Tasks in this process:

AUD-040-010: Initiate Audit

Description:	Description: Audit initiates an audit on incentive payments to EPs and EHs. Resource: Audit/MaineCare Services Proposed Technology to leverage: AdvantageME

AUD-040-020: Review EP/EH Attestations and Policy for Audit Criteria

Description:	Description: Audit reviews the State rules and policies that govern the EHR Incentive Program to determine if an EP or EH violated the policy and if that violation merits an audit that can be pursued and supported by State policies, namely overpayment of incentive funds. MaineCare will also review any attestations provided by the EP or EH. Resource: Audit/MaineCare Services Proposed Technology to leverage: None identified at this time

AUD-040-030: Extract payment data from data sources

Description:	Description: Audit extracts data from State systems and data sources to complete the audit on incentive payments. Resource: Audit/MaineCare Services Proposed Technology to leverage: OIT Developed HIT System and other existing systems, MIHMS, AdvantageME

AUD-040-040: Request data from EP/EH

Description:	Description: Audit requests data from the EP or EH to identify if an overpayment to the EP or EH occurred. Information requested could include a contract that shows proof of adoption, implementation, or upgrade of EHR technology and a copy of the EP/EH attestations. Hospitals may be asked for their hospital cost data including discharge information for a 12-month period related to inpatient bed days by payer type. Resource: Audit Proposed Technology to leverage: None identified at this time

AUD-040-050: Receive data request from MaineCare

Description:	Description: The EP/EH receives the request for additional information from Audit/MaineCare to determine if the incentive payment amount was accurate. Resource: Provider Proposed Technology to leverage: None identified at this time

AUD-040-060: Send records and explanation to MaineCare

Description:	Description: The EP/EH responds to the request for additional information from Audit/MaineCare by sending the requested data to identify if the incentive payment amount was accurate. Resource: Provider Proposed Technology to leverage: None identified at this time.

AUD-040-070: Receive EP/EH Response

Description:	Description: Audit/MaineCare receives the requested data and explanation to identify if the incentive payment amount was accurate. Resource: Audit/MaineCare Services Proposed Technology to leverage: None identified at this time

AUD-040-080: Review data and calculate payment amount

Description:	Description: Audit/MaineCare reviews the documentation sent by the EP/EH and calculates the EHR incentive payment to identify inaccurate payment or non-compliance with the EHR Incentive Program. Resource: Audit/MaineCare Services Proposed Technology to leverage: None identified at this time

AUD-040-090: Send notification to EP/EH of overpayment

Description:	Description: Audit/MaineCare sends a letter to the EP or EH alerting them that MaineCare miscalculated their incentive payment to the EP/EH for the EHR Incentive Program and that the EP/EH must remit funds to MaineCare or will receive an incentive payment totaling the correct payment amount. The EP/EH has 60 days to respond to the letter. Resource: Audit/MaineCare Proposed Technology to leverage: None identified at this time

AUD-040-100: Receive notification from MaineCare

Description:	Description: The EP or EH receives the letter from Audit/MaineCare alerting the provider that MaineCare has miscalculated their incentive payment. The EP/EH has 60 days to respond to the letter. Resource: Provider Proposed Technology to leverage: None identified at this time

Gateways in this process:

Verify payment amount?

Description:	If the payment amount is verified, the audit is rescinded and the process ends. If the payment amount was incorrect, a notification is sent to the EP/EH that they received an incorrect payment amount.

Appeal MaineCare decision?

Description:	The EP/EH has the opportunity to appeal the decision. If the EP/EH initiates an appeal, the EP/EH will go through the Appeals process for the EHR Incentive Program. If the EP/EH does not appeal the decision, MaineCare will initiate the Manage Recoupment sub-process to recover incentive funds from the EP/EH. If the EH/EP was underpaid, MaineCare will adjudicate the correct payment and issue incentive funds to the EP/EH.

Events in this process:
P-040: Manage Recoupment
P-030: Adjudicate Payment
APP-010: Appeal Eligibility, AIU, MU, and Payment Determinations
P-030: Adjudicate Payment

APPENDIX E-1

Footnote: 78

CMS Crosswalk Questions

The following questions were posed by CMS to the states providing direction on what content should be included in the State's HIT Roadmap:

1. Provide CMS with a graphical as well as narrative pathway that clearly shows where MaineCare is starting from ("As-Is") today, where it expects to be five years from now ("To-Be"), and how it plans to get there.
2. What are MaineCare's expectations regarding provider EHR technology adoption over time? Annual benchmarks by provider type?
3. Describe the annual benchmarks for each of MaineCare's goals that will serve as clearly measurable indicators of progress relative to plan.
4. Discuss annual benchmarks for audit and oversight activities.

APPENDIX E-2

Footnote 79:

Terms used in Gap Analysis

Column Title	Description
Gaps	A gap or difference identified after evaluating the "As-Is" against the "To-Be." Activities and work is required to close the differences and achieve the "To Be."
Implications	The potential impact of not addressing and closing the gap.
Recommendations	Actions identified gaps to close the difference and address the gap.
EHR Incentive Program	Program under the HITECH act for eligible hospitals and professionals that make available incentive payments for achieving adoption, implementation, or upgrade of EHR technology and Meaningful Use.
Long-Term HIT Vision	Program that achieves long-term HIT vision of MaineCare in order to exchange patient information, achieve quality goals in compliance with CMS' requirements, and provide better health outcomes for citizens.
Calendar Year	Calendar year that represents when the gap needs to be considered and addressed.

LIST OF APPENDICES **Page No.**